

Name in Full

Certificate of Death

Temper Belt

Town

County

Died at

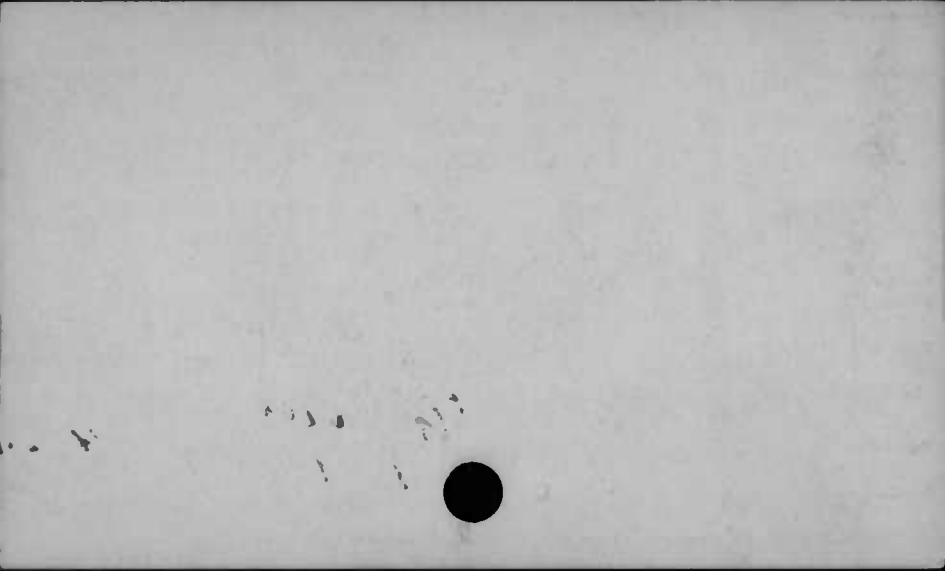
MARYLAND

Date ¹⁹⁰⁵ 1905 Feb. 15th Month Day
 Age 42 Y. M. D.
 Native of Va. Occupation Carver/Worker
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 4

Husband of Mollie Belt
 Wife of G. J. P. Belt
 Father's Name G. J. P. Belt
 Mother's Name Leanna Belt

Cause of Death Primary Val. dis. of Heart
 Immediate Cause of Death
 How long sick 3 Yrs
 Accident, Suicide, Homicide

Reported by Dr. Richard
 Address Hyattsville Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm Archie Benny

CERTIFICATE OF DEATH

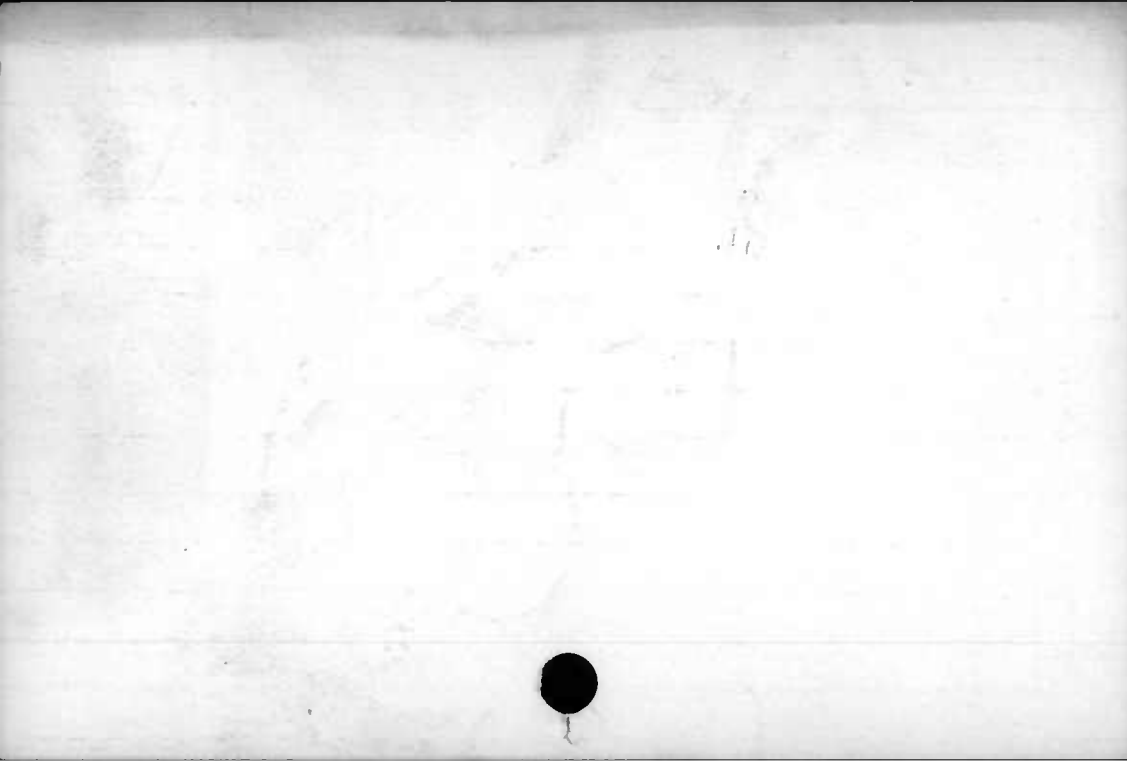
TO BE ANSWERED BY
NEAREST FRIEND

Died at IB.		Town		Pr. Bw		County		MARYLAND	
Date of death 1905		Month 2		Day 13		Age 1		Years 12	
Sex male		Color or Race white		Birth-place IB. Md					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name Wm A Benny				Father's Birthplace Md					
Mother's Maiden Name Jamie Carrington				Mother's Birthplace Md					
Name of person giving information W.A. Benny				How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis		How long 5 weeks	
Immediate exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John A. Cox	
yes		Address Y.B.	
Accident or Suicide?		Md	



Name
in
Full

Ann K. Brumwell

CERTIFICATE OF DEATH

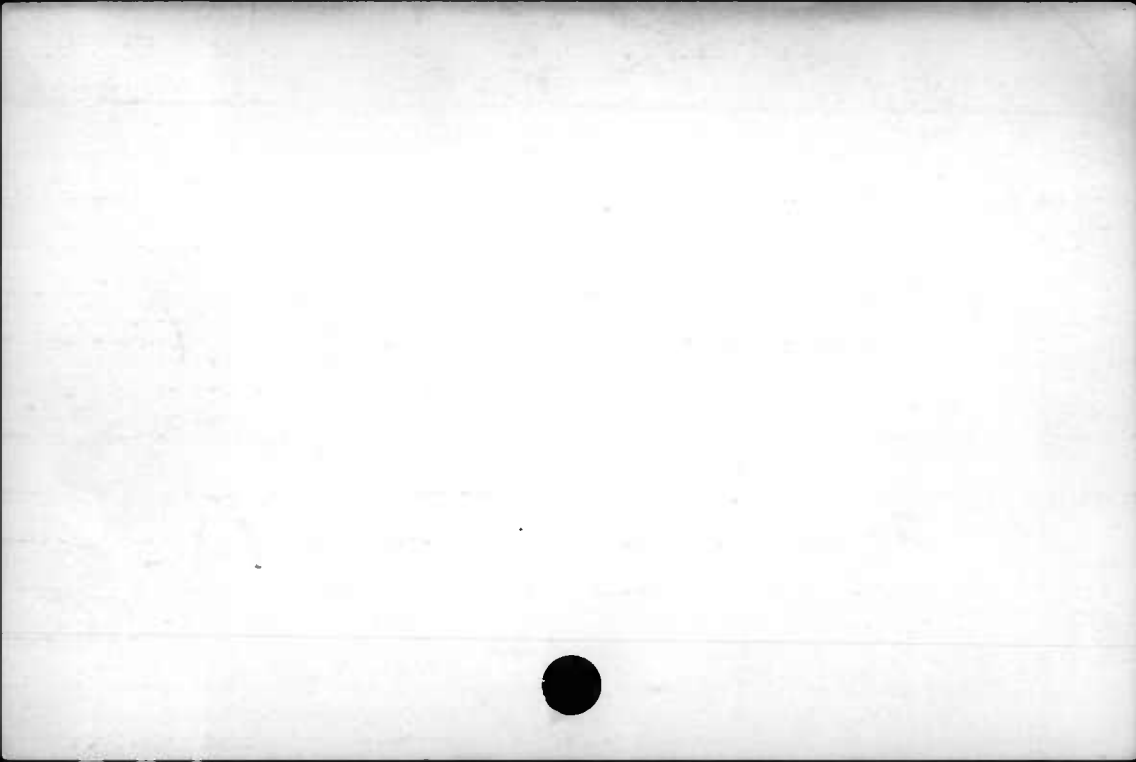
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cross Roads</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>23</i>	Age <i>52</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Acushnet Md</i>			
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joseph P. Brumwell</i>					
Father's Name <i>Frank Adams</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Alexander Middleton</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>2 days</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley M.D.</i>
	Address <i>Acushnet Md</i>
Accident or Suicide? <i>Yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Marlboro* Town*Brown*
Pg County

Date

of death 190

Month

July

Day

1

Age

Years

—

Months

—

Days

6 hrs

Sex

*Male*Color or
Race*negro*Birth-
place*Marlboro*Married, Single
or Widowed*—*

Occupation

*—*Name of Wife or
Husband*—*Father's
Name*Madison Brown*Father's
Birthplace*P. R. Md*Mother's
Maiden Name*Hattie Ford*Mother's
Birthplace*" "*Name of person giving
In formation*Jas H. Ford*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

How long

—

Immediate

Exhaustion

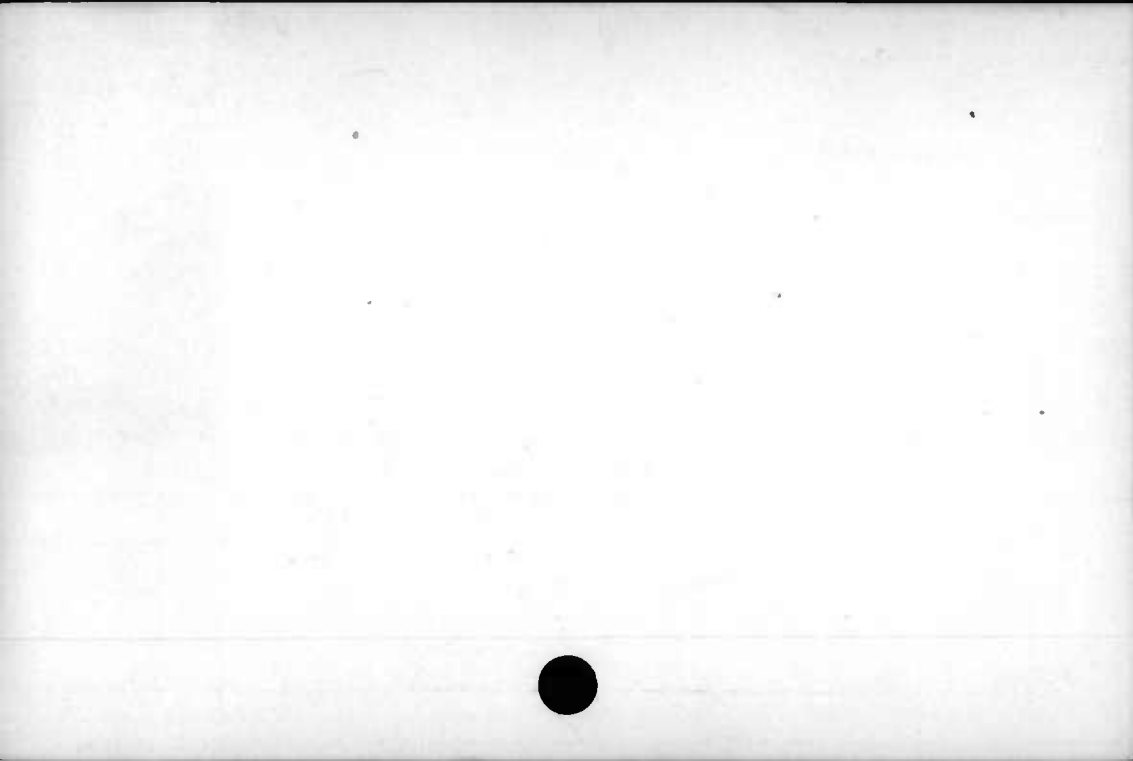
How long

*6 hrs*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Dr. Giffith
upper Marlboro

Accident or Suicide?



Name
in
Full

East Elmo Brown

CERTIFICATE OF DEATH

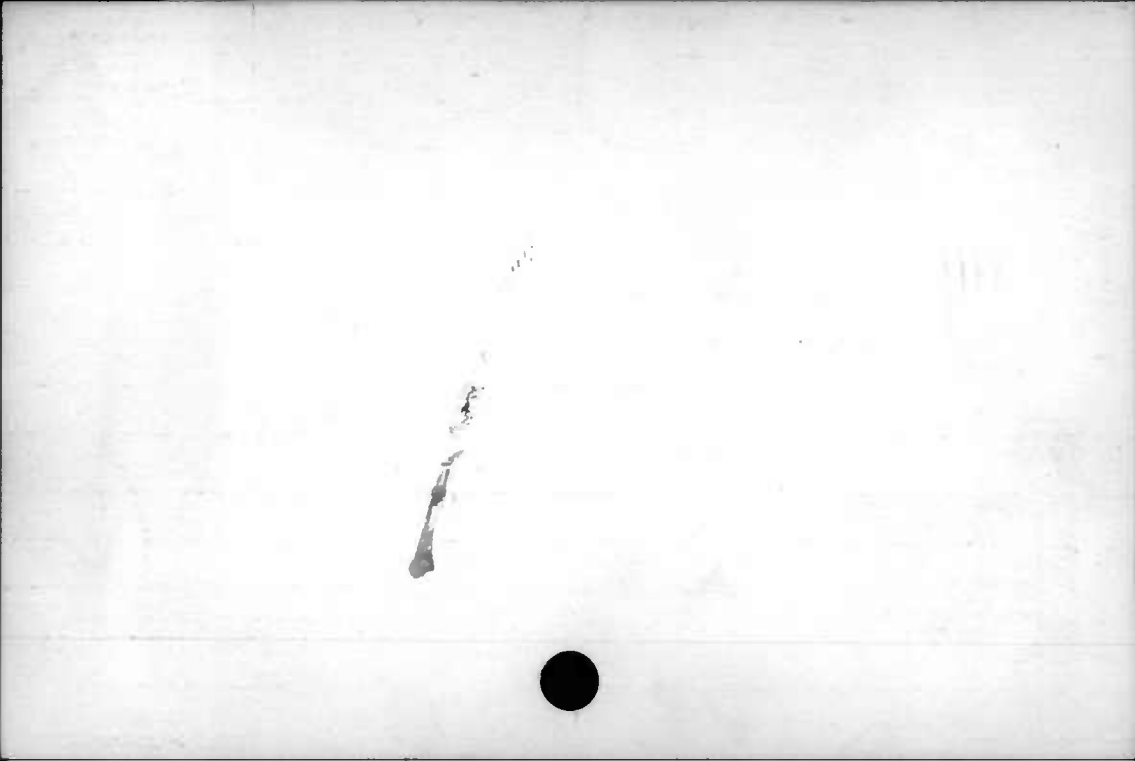
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lakeland</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>1</u> <small>Day</small>	<u>3</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Lakeland</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>David Brown</u>		
Mother's Maiden Name			<u>Mary S. Salzmanna</u>		
Name of person giving information			<u>David Brown</u>		
Father's Birthplace			<u>Maryland</u>		
Mother's Birthplace			<u>Wash. DC</u>		
How related to deceased			<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>3 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>R. O. Steiner</u>	
		Address	
		<u>Bethesda Md.</u>	
Accident or Suicide?			



Name
in
Full

Raymond Philip Burley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Munkin		Pr. Geo		MARYLAND	
Date of death	1905	Month	Feb	Day	5	Age	4
Sex	male		Color or Race	Black		Birth-place	Munkin
Occupation	Child			Where Residing if not at place of death Munkin			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Harry Burley					Father's Birthplace	Lancaster
Mother's Maiden Name	Mary Tackett					Mother's Birthplace	Munkin
Name of person giving information	Mary Burley					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	10 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			J. D. Dymally	
			Lancaster	
			Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clinton</u> ^{Town}		<u>P. G.</u> ^{County}	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>22</u>	Age <u>20</u> ^{Years}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>	
Occupation <u>Helper in D.C.</u>	Where Residing if not at place of death <u>D.C. when at home</u>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Unknown</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Wovis</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Sydney Clements</u>	How related to deceased <u>Steps-father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>1 year</u>
Immediate <u>Empyema thoracis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>As far as I can learn</u>	Signature of Physician <u>J. L. Leasing</u>
	Address <u>Clinton</u>
Accident or Suicide? <u></u>	



Name
in
Full

Wesley Maurice Craig

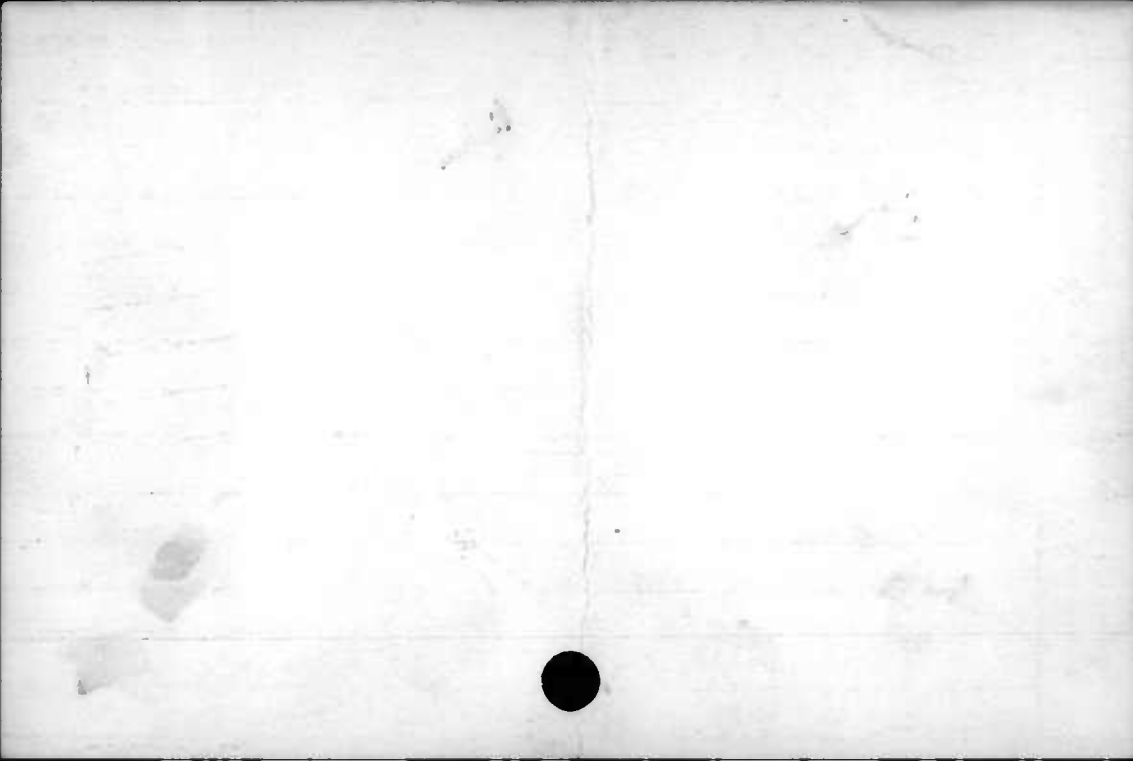
CERTIFICATE OF DEATH

Died at ^{Town} <i>Farmville</i>		^{County} <i>Prince George</i>		MARYLAND	
Date of death	1905	Month	2	Day	6
Sex	Male	Color or Race	Colored	Age	Years <i>—</i> Months <i>2</i> Days <i>6</i>
Birth-place	<i>md.</i>				
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Wesley Howard Craig</i>			Father's Birthplace	<i>md.</i>
Mother's Maiden Name	<i>Edith Virginia Doquet</i>			Mother's Birthplace	<i>md.</i>
Name of person giving information	<i>Willie Green</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

Primary	<i>Malnutrition</i>	How long	<i>since birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>only saw child once</i> <i>John A. Savelley</i>	
		Address	
		<i>Farmville</i> <i>md.</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mariha A. Daughton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

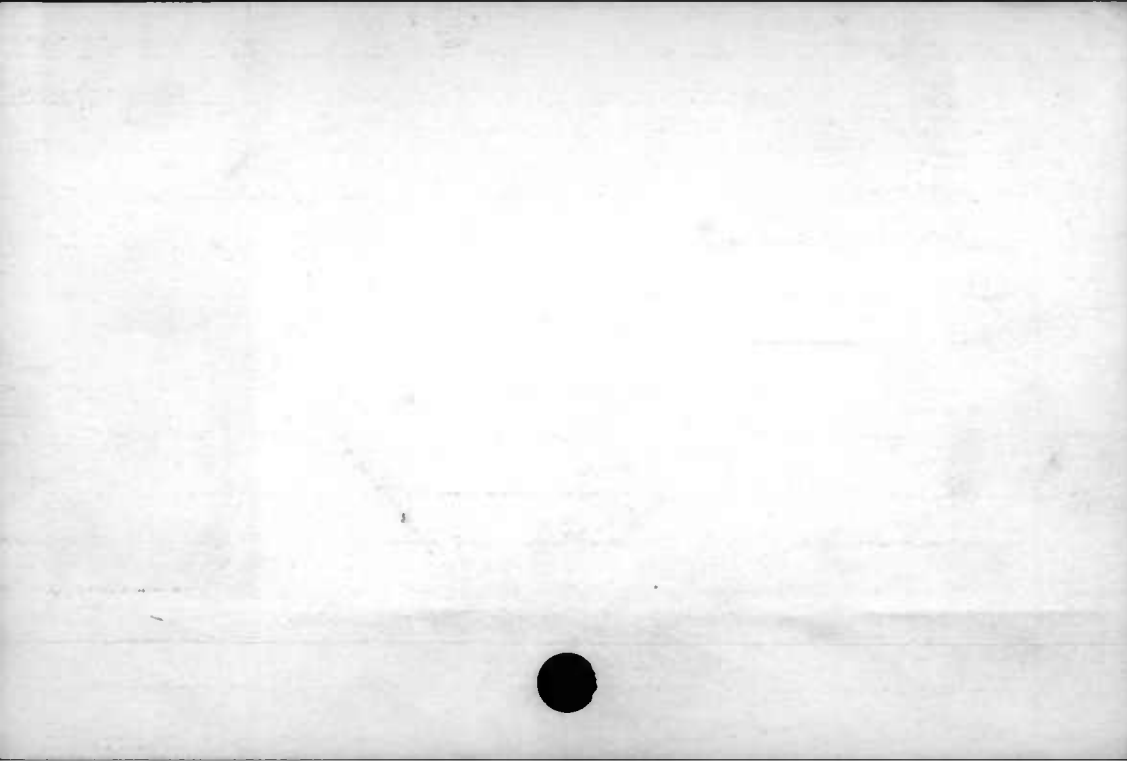
MARYLAND

Died at <u>Berwyn</u> Town		<u>Pr 2200</u> County			
Date of death <u>1905</u>	Month <u>2</u>	Day <u>8</u>	Age <u>58</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Washington DC</u>		
Occupation <u>Housewife</u>	Where residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

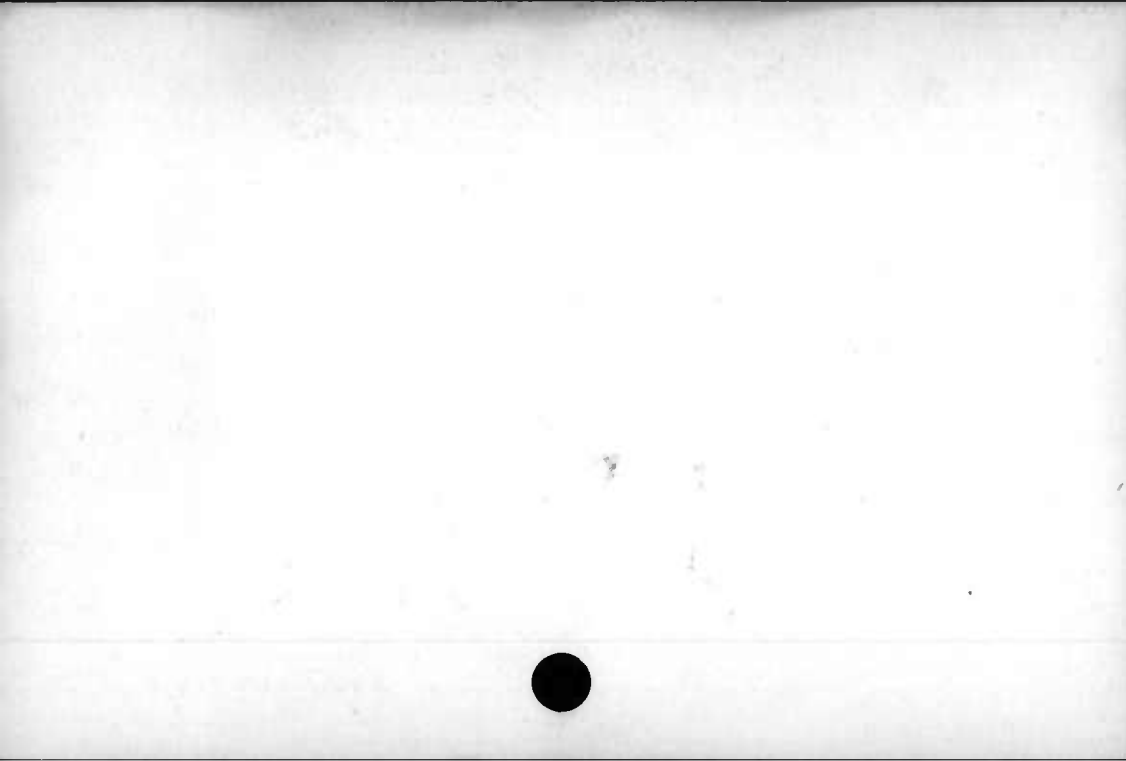
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	How long <u>10 years</u>
Immediate <u>Diabetic Coma</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Sam'l W. Ratner</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>Neither</u>	



Name in Full		Mary Elizabeth Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Oxen Hill	County Pr. Geo.		MARYLAND	
	Date of death 1905	Month 2	Day 11	Age 35	Years	Months	Days
	Sex	Female		Color or Race	Black.		Birth-place
	Married, Single or Widowed		Single		Occupation	Laundress	
	Name of Wife or Husband						
	Father's Name						
PHYSICIAN OR CORONER	James Henry Davis				Father's Birthplace		Md.
	Margaret Grady				Mother's Birthplace		Md.
	Name of person giving information				How related to deceased		Father
	James H. Davis						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		3 yrs
	Pulmonary Tuberculosis				How long		1
	Immediate						
	Exhaustion						
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		E. P. Simpson M.D.
Yes				Address		Rosecroft, Md.	
Accident or Suicide?							



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Town

County

MARYLAND

Month

Day

Years

Months

Days

Sex *Female*

Color or Race

white

Birth-
place

D of Columbia
District-

Occupation

Where Residing if not
at place of death

None

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's
Name

Thomas Dwyer

Father's Birthplace

Dist of Columbia

Mother's
Maiden Name

Ellen P.ickey

Mother's Birthplace

Name of person giving information

Marguerite Dwyer

How related
to deceased

sister in law

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

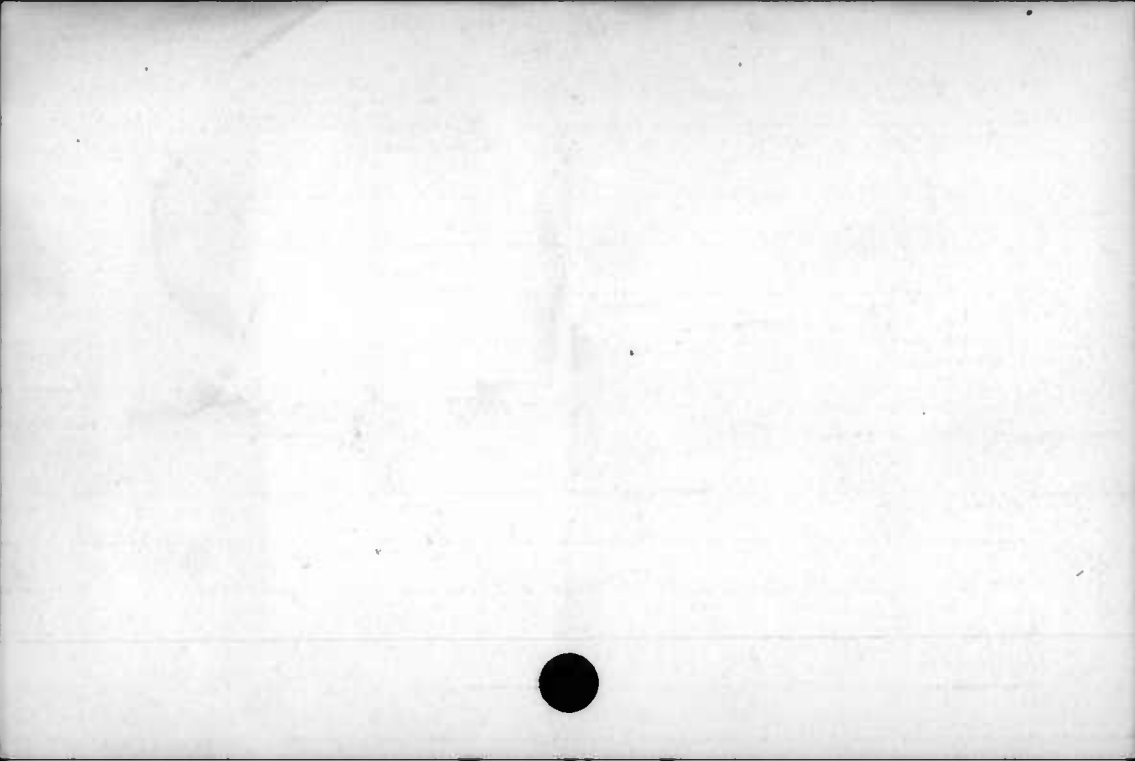
Signature of Physician

Ising W Katermer

Address

Hyattsville Md

Accident or Suicide?



Name
in
Full

Samuel Fluharty

CERTIFICATE OF DEATH

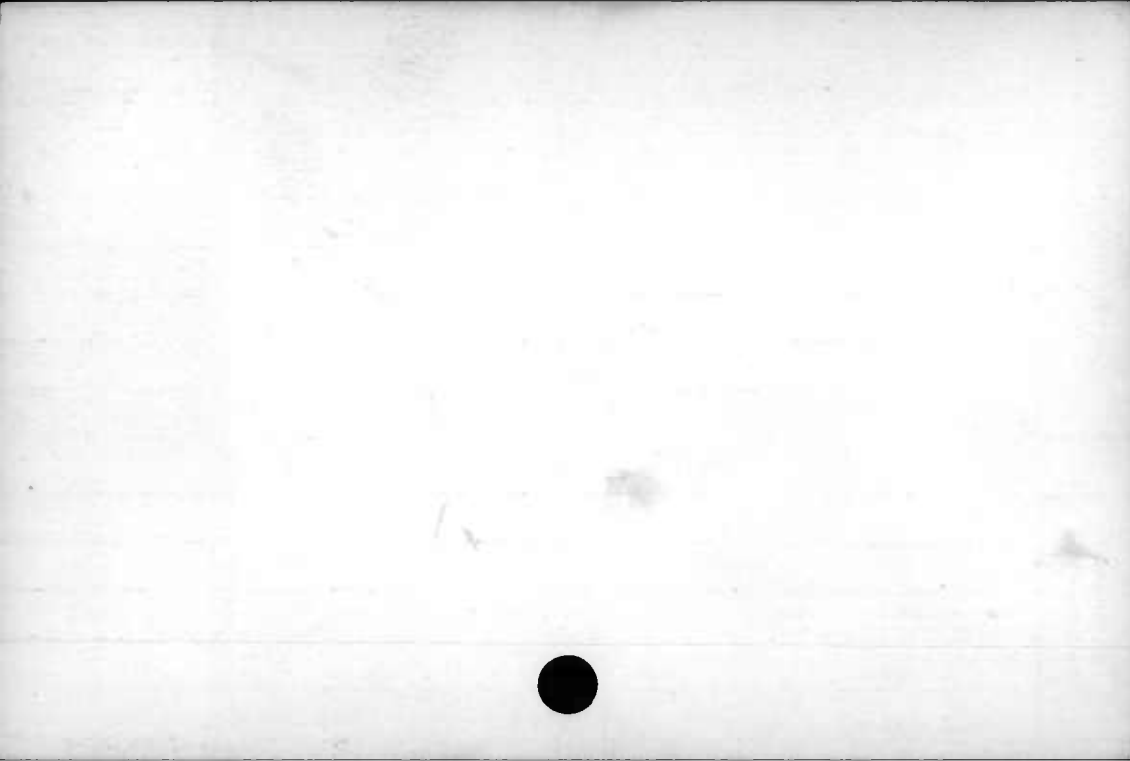
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield State Hospital</i>		Town <i>Springfield</i> County <i>Madison</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>25</i>	Years <i>75</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>carpenter</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Garrison Fluharty</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary ?</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>David Fluharty</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile dementia</i>	How long
Immediate <i>Arterio Sclerosis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas J. Carey</i>
	Address <i>Sykesville Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

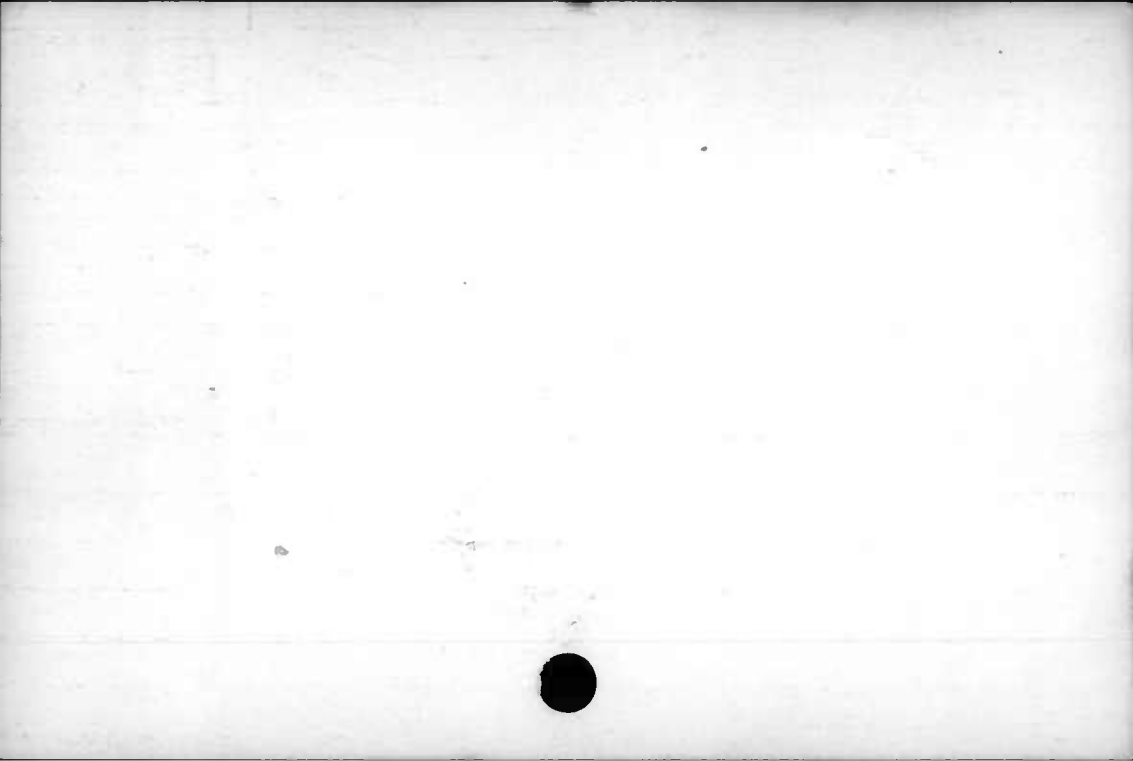
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westphalia Prince George</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>11</i>	Age <i>1</i>	Years <i>7</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Mid P. & Co</i>			
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Ernest Forest</i>	Father's Birthplace <i>Mid.</i>				
Mother's Maiden Name <i>Mary Allen</i>	Mother's Birthplace <i>Mid.</i>				
Name of person giving information <i>Frank Forest</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>Six weeks.</i>
Immediate <i>Convulsions</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John E. Samsbury</i>
	Address <i>Providence Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Reginald Gladden

CERTIFICATE OF DEATH

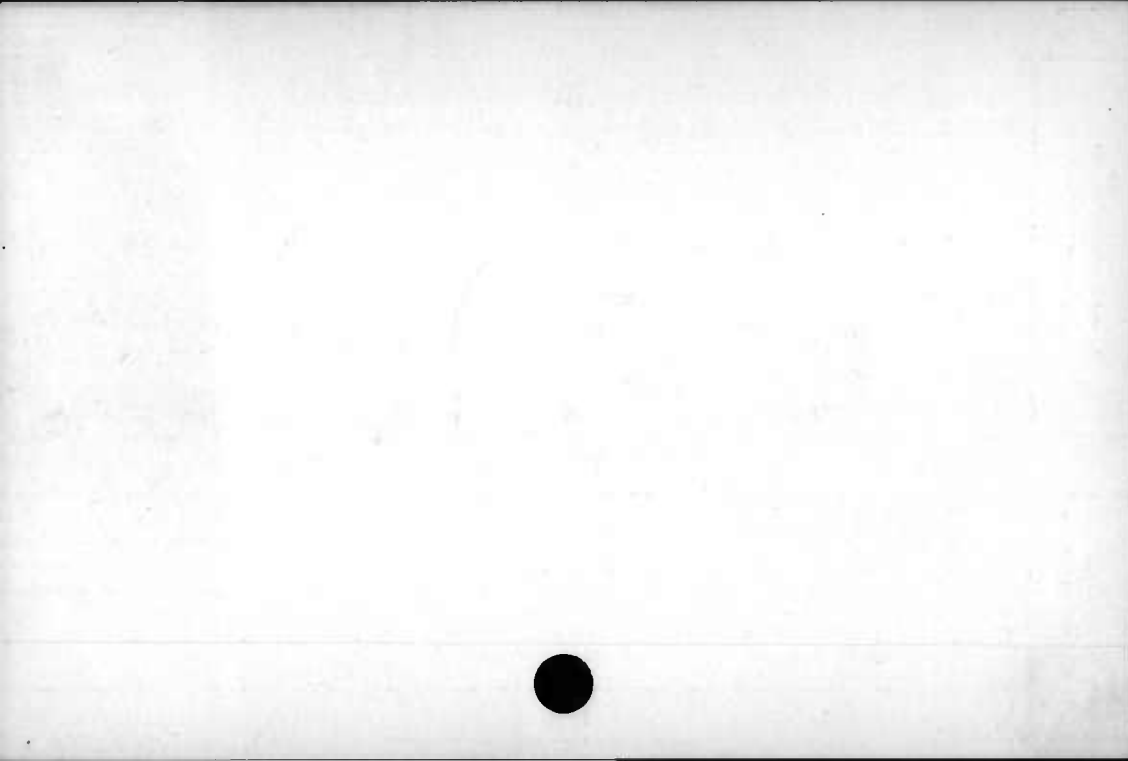
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arco</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>2</u>	Day <u>11</u>	Age <u>—</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Arco</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Jeremiah Gladden</u>			Father's Birthplace <u>Arco</u>		
Mother's Maiden Name <u>Emma Blair</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Thomas E. Young</u>			How related to deceased <u>son</u>		

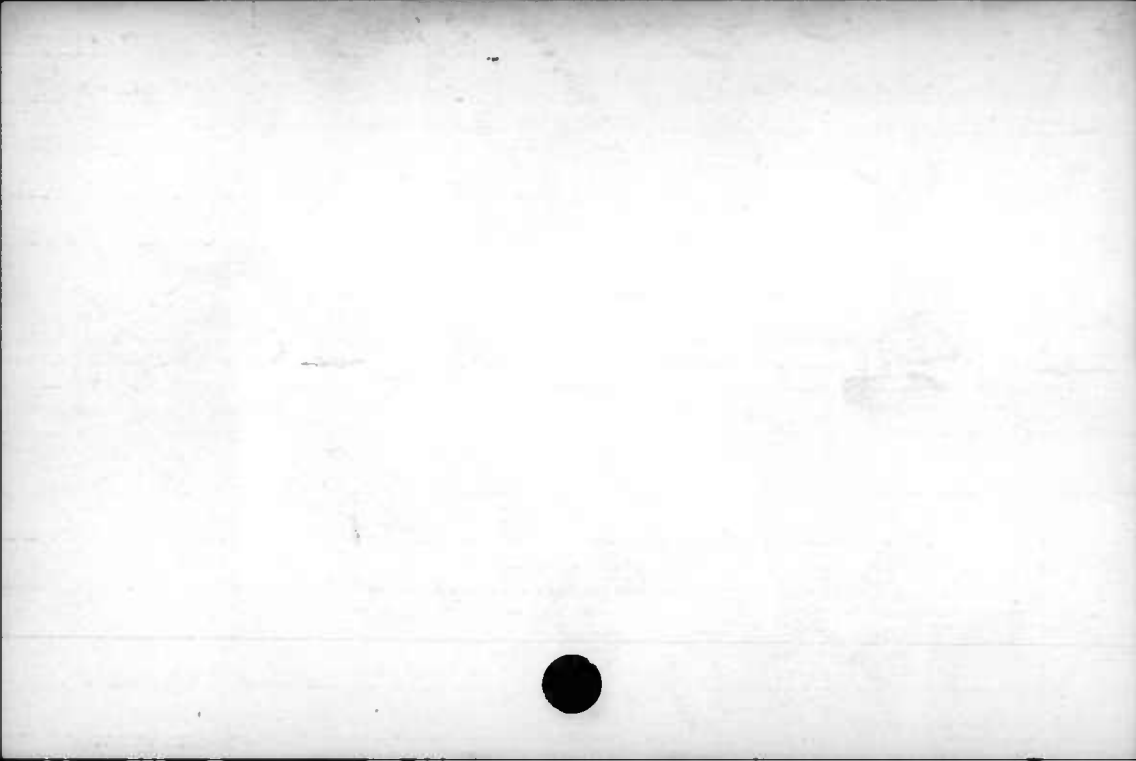
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 mos</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harry Kallen M.D.</u>
	Address <u>Arco</u>
Accident or Suicide? <u>—</u>	



Name in Full		Martha Ann Goodnick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birthplace		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						



Name
in
Full

Charles E. Grimes

CERTIFICATE OF DEATH

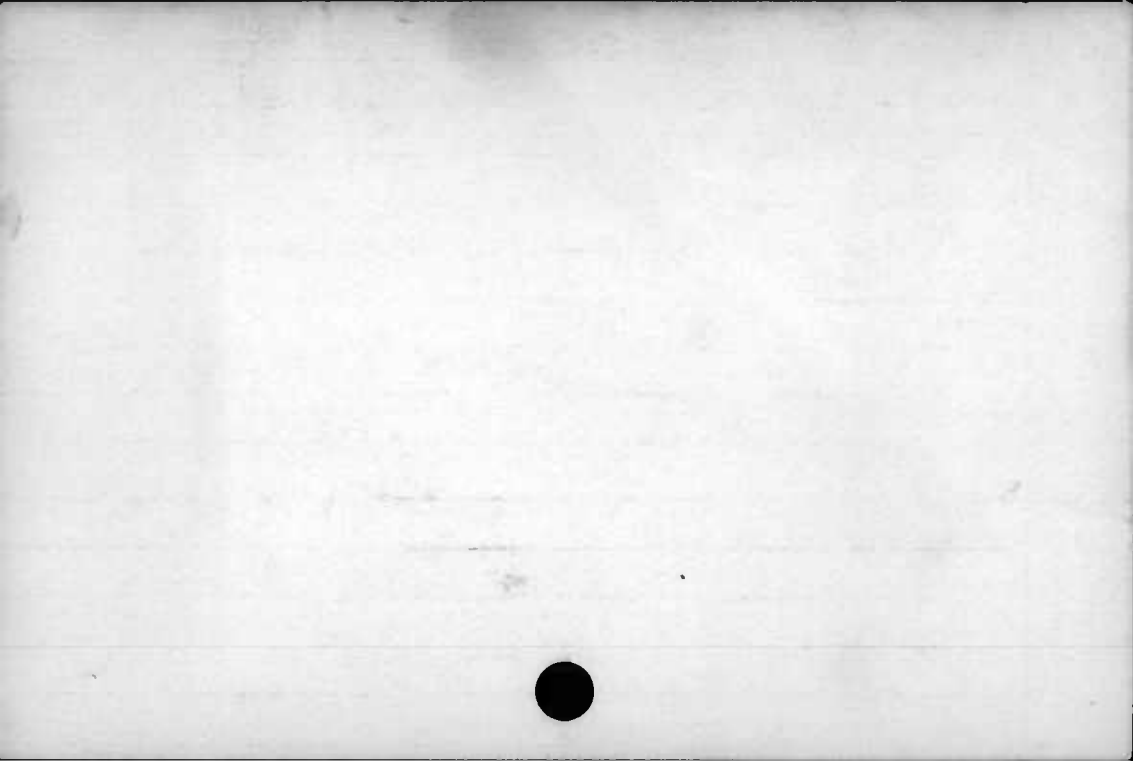
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxen Hill		County Pr Geo.		MARYLAND	
Date of death 1905	Month 2	Day 22	Age 31	Years	Months 0	Days 3	
Sex Male	Color or Race White		Birth- place Md.				
Married, Single or Widowed	Married		Occupation Farmer				
Name of Wife or Husband Laura Biggs (Grimes)							
Father's Name Jeremiah Alfred Grimes				Father's Birthplace Md.			
Mother's Maiden Name Eliza Ellen Lanham				Mother's Birthplace Md.			
Name of person giving In formation J. A. Grimes				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 years
Immediate	Emaciation & Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson, M.D.	
Address		Rosecroft, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

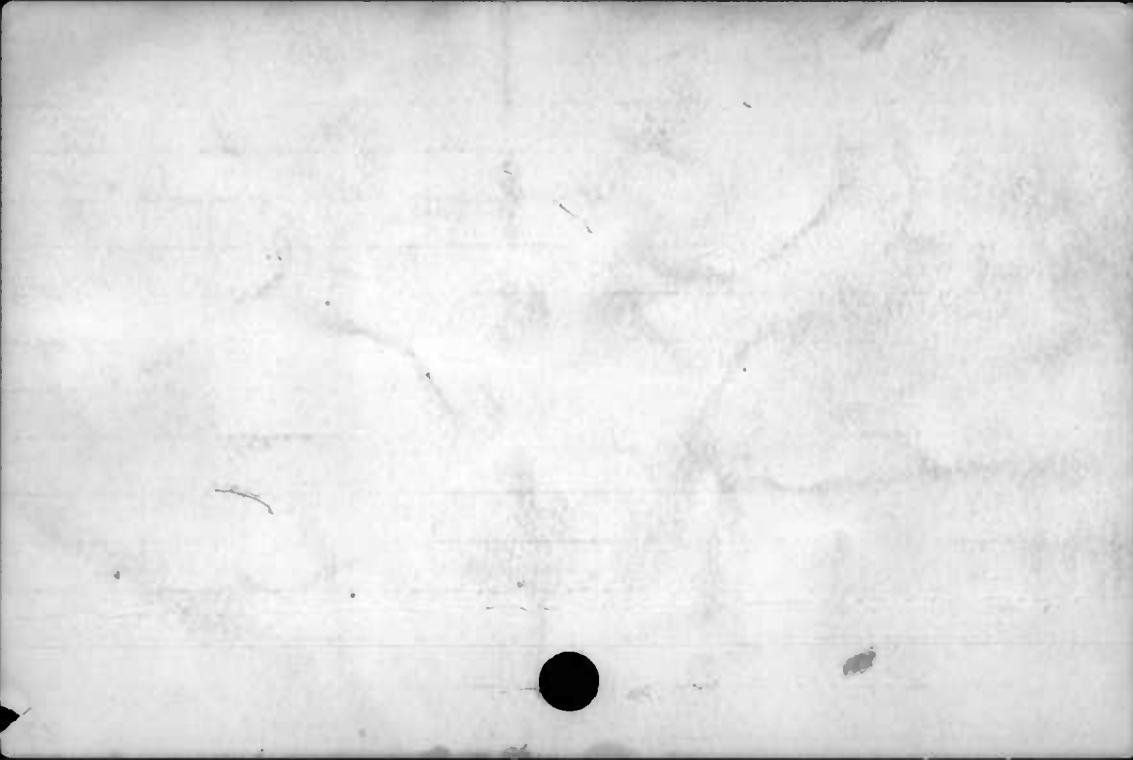
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Louise Bowie Hill</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Hyattsville</i>		Town <i>Prince George</i>			
Date of death <i>1905 Feb 12</i>		Age <i>18</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>M. d.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James H. Hill</i>		Father's Birthplace <i>M. d.</i>			
Mother's Maiden Name <i>M. Louise Hill</i>		Mother's Birthplace <i>M. d.</i>			
Name of person giving information <i>J. H. Hill</i>		How related to deceased <i>Father</i>			

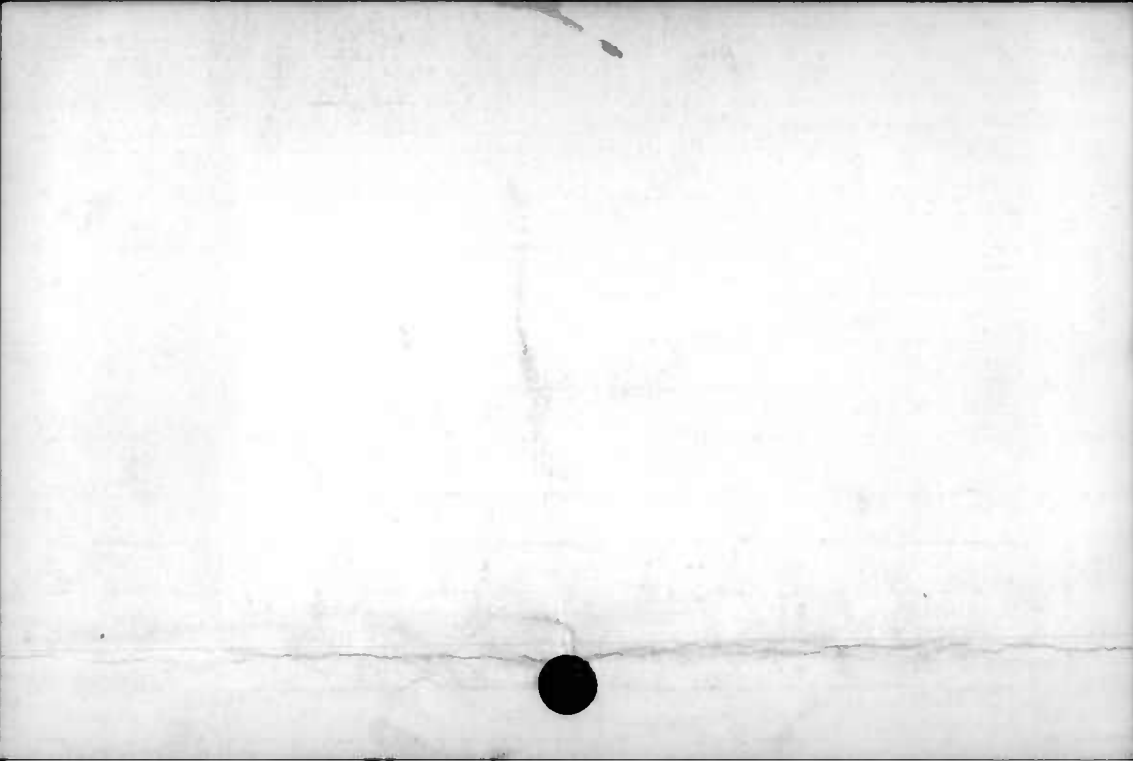
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ap. Pneumonia</i>		How long <i>5 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. Richardson</i>	
		Address <i>Hyattsville Md.</i>	
Accident or Suicide?			



Name in Full		Holland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bowie</i> Town			County <i>N. Y.</i>		MARYLAND	
	Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>23</i>	Months	Days	
	Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>D. C.</i>			
	Occupation			Where Residing if not at place of death <i>Bowie</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maye C. Hartman</i>					
	Father's Name <i>Benj. Holland</i>			Father's Birthplace <i>P.</i>			
	Mother's Maiden Name <i>Rebecca Holland</i>			Mother's Birthplace			
	Name of person giving information			How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Took pneumonia</i>			How long <i>7 days</i>			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. M. Curran M.D.</i>			
				Address <i>Springfield, Md.</i>			
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

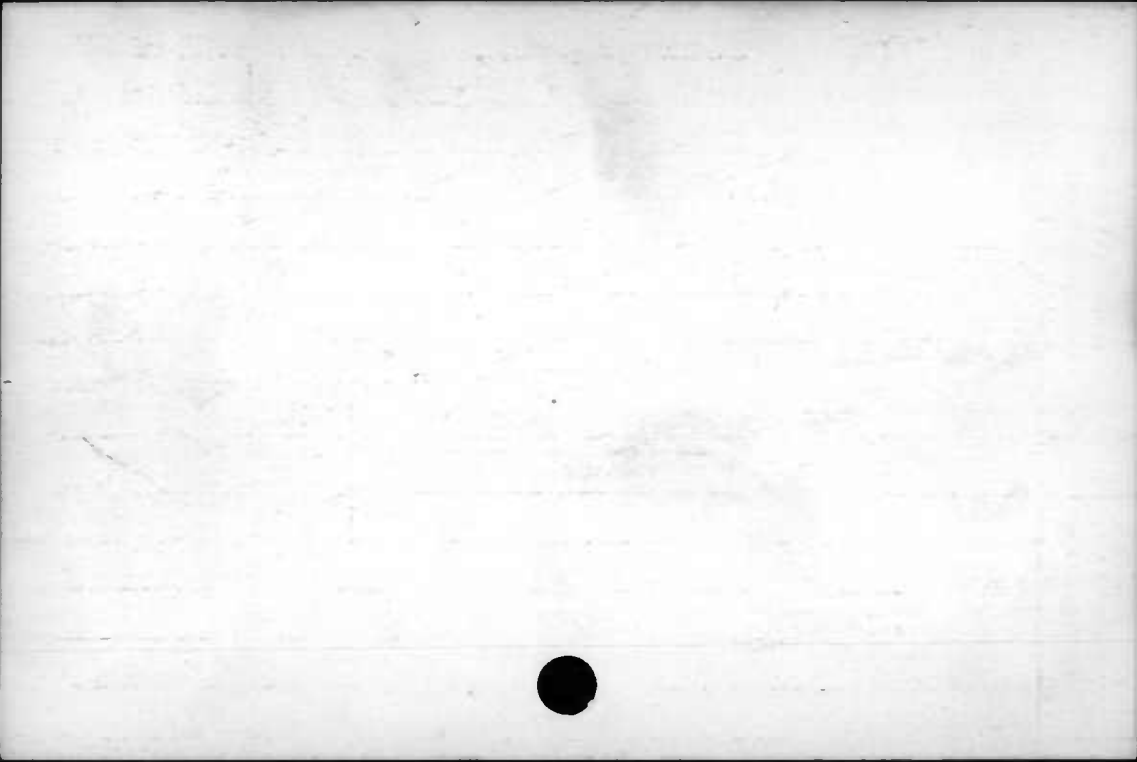
MARYLAND

Died at <u>Belmont</u> ^{Town}		<u>P. G.</u> ^{County}			
Date of death <u>1905</u>	<u>July</u> ^{Month}	<u>3^d</u> ^{Day}	Age <u>10</u> ^{Years}	<u>16</u> ^{Months}	<u>16</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Ind</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Belmont</u>				
Married , Single <u>Widowed</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Belmont</u>	Father's Birthplace <u>U</u>				
Mother's Maiden Name <u>Belmont</u>	Mother's Birthplace <u>U</u>				
Name of person giving information <u>Mr Jewell</u>	How related to deceased <u>Grandfather</u>				

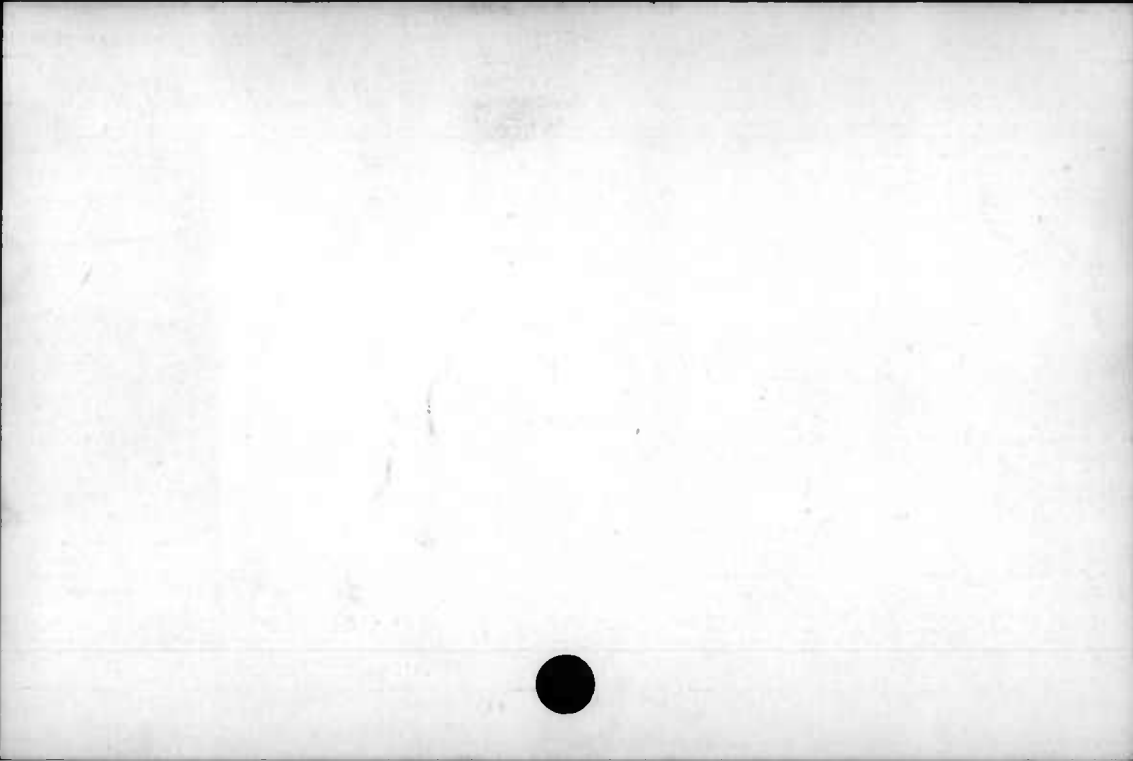
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inflammation of bowels</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Waring</u>
	Address <u>Belmont</u>
Accident or Suicide? <u>✓</u>	



Name in Full Ella Lewis		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died in Farmington Town		Prince Georges County
	Date of death 190 5		Month 2
	Day 10		Age 24 Years
	Sex Female		Color or Race Colored
	Married, Single or Widowed Married		Occupation Housewife
	Name of Wife or Husband George Lewis		Birth-place Prince Geo. Co
	Father's Name Robert Jackson		Father's Birthplace Maryland
Mother's Maiden Name Haney Batson		Mother's Birthplace "	
Name of person giving information Lily Jackson		How related to deceased Sister	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Aortic Insufficiency		How long 6 weeks
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Harry Halley M.D.
			Address Brookland
	Accident or Suicide?		



Name in Full

Certificate of Death

Paul Lewis

Town

County

Died at Lakeland

Ponice Leroy

MARYLAND

Date 1905 Feb 8

Month

Day

Y.

M.

D.

Native of

Occupation

Age

16.6

Sist. Col.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~

Number of children living

Husband
of

Wife

Father's Name Lerdian Lewis

Mother's Name

Maudie Lewis

Cause of Primary

do not know

Death Immediate

Phthisis Pulmonalis

How long sick

Accident Suicide Homicide

Reported by

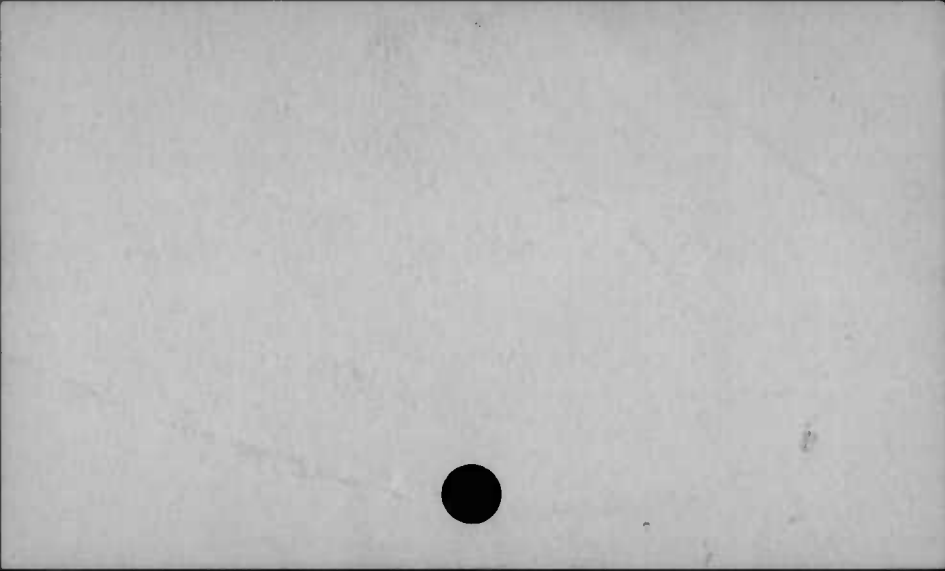
H. O. Everfield M. D.

Address

College Park

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at St. Helena Long Town C. Springs County P. G.Date of death 1905 Month Feb Day 22 Age 1 Years Months 6 DaysSex Female Color or Race White Birth-place Ind
Occupation house Where Residing if not at place of death C. Springs~~Married~~, Single
~~Widowed~~Name of Wife or Husband _____Father's Name William Long Father's Birthplace Ind.Mother's Maiden Name Marywa Payne Mother's Birthplace IndName of person giving information Sam. Wood How related to deceased Uncle

CAUSES OF DEATH

Primary Contracted chest How long 19 mosImmediate congestion lungs How long 4.8 hours

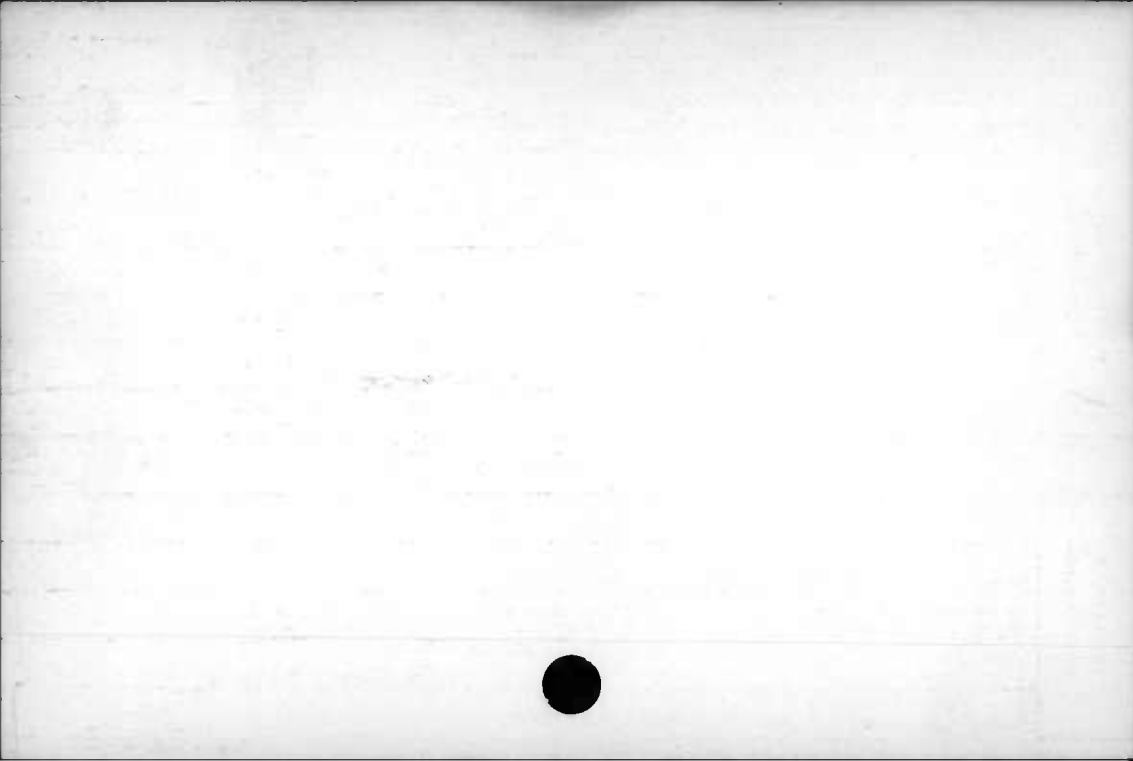
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. L. Wandy
HelintownAccident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Daniel F Lynch

Died at Chattahoochee ^{Town} P.O. ^{County}

MARYLAND

Date of death 1905 ^{Month} July ^{Day} 24 ^{Years} 29 ^{Months} 5 ^{Days}Sex Male Color or Race White Birth-placeOccupation Bricklayer Where Residing if not at place of death Washington D.C.Married, Single or Widowed Single Name of Wife or HusbandFather's Name John F Lynch

Father's Birthplace

Mother's Maiden Name Sarah Garner

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Unknown, suppose heart

How long

Immediate disease, was found dead

How long

Are the name, age, sex, color, date and place correctly given above?

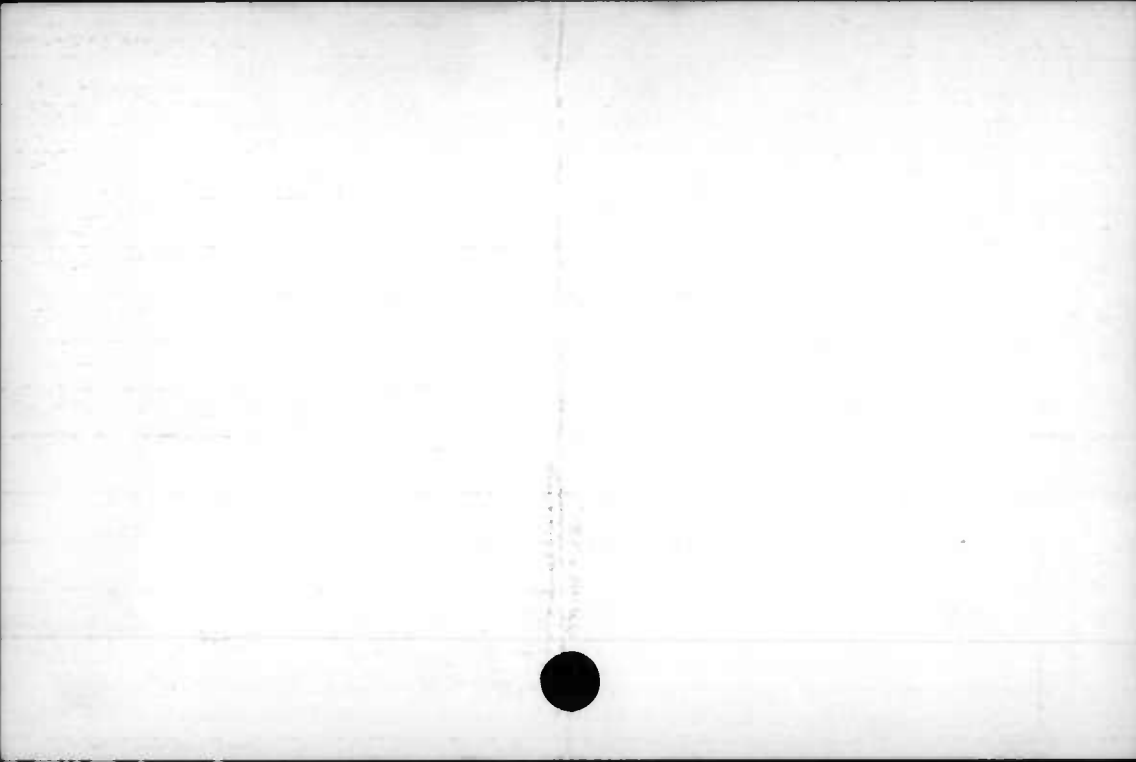
Signature of Physician

Address

W. H. Gibbons
Croom Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Albert P. McGrain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bowie* Town*Prince Geo* CountyDate of death *1905* Month *2*Day *14* Age *40* YearsMonths *2* Days *29*Sex *Male*Color or Race *white*Birthplace *Montg. Co. Md*Occupation *R.R. freight conductor* Where Residing if not at place of death *318 S. Capitol St. Wash. D.C.*Married, Single or Widowed *Married*Name of Wife or Husband *Annie Virginia*Father's Name *John McGrain*Father's Birthplace *Ireland*

Mother's Maiden Name

Mother's Birthplace

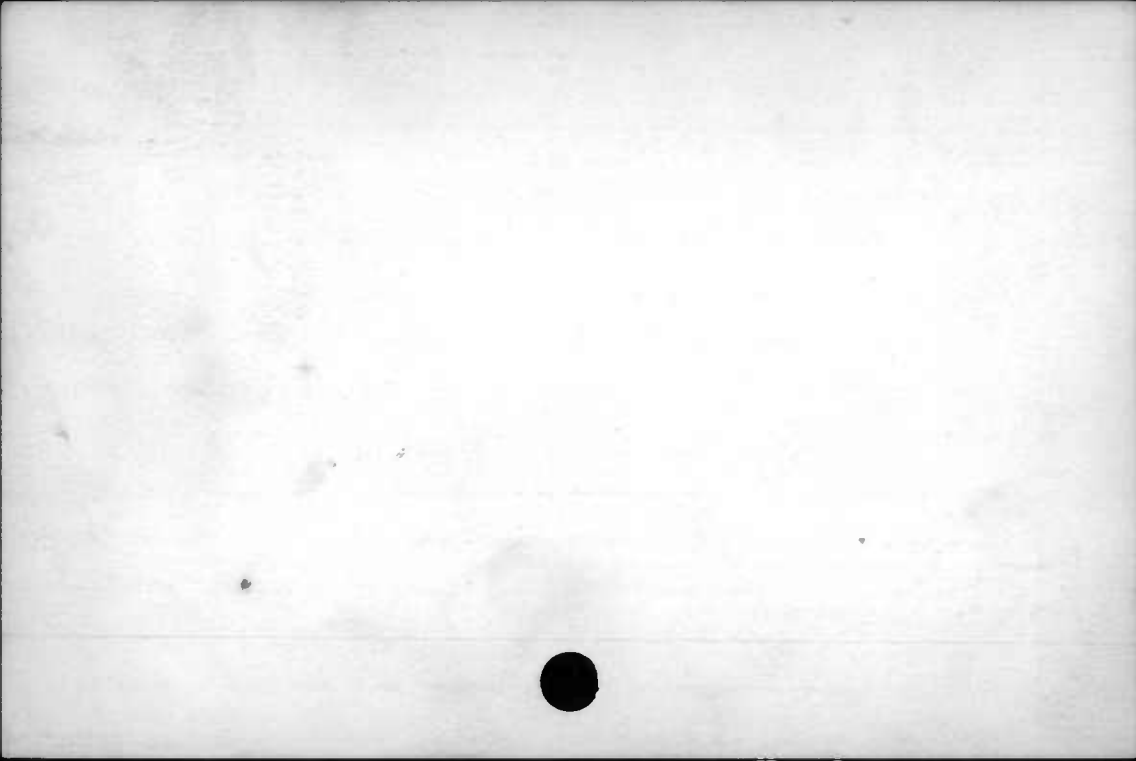
Name of person giving information *J. J. Cooper*How related to deceased *not related*

CAUSES OF DEATH

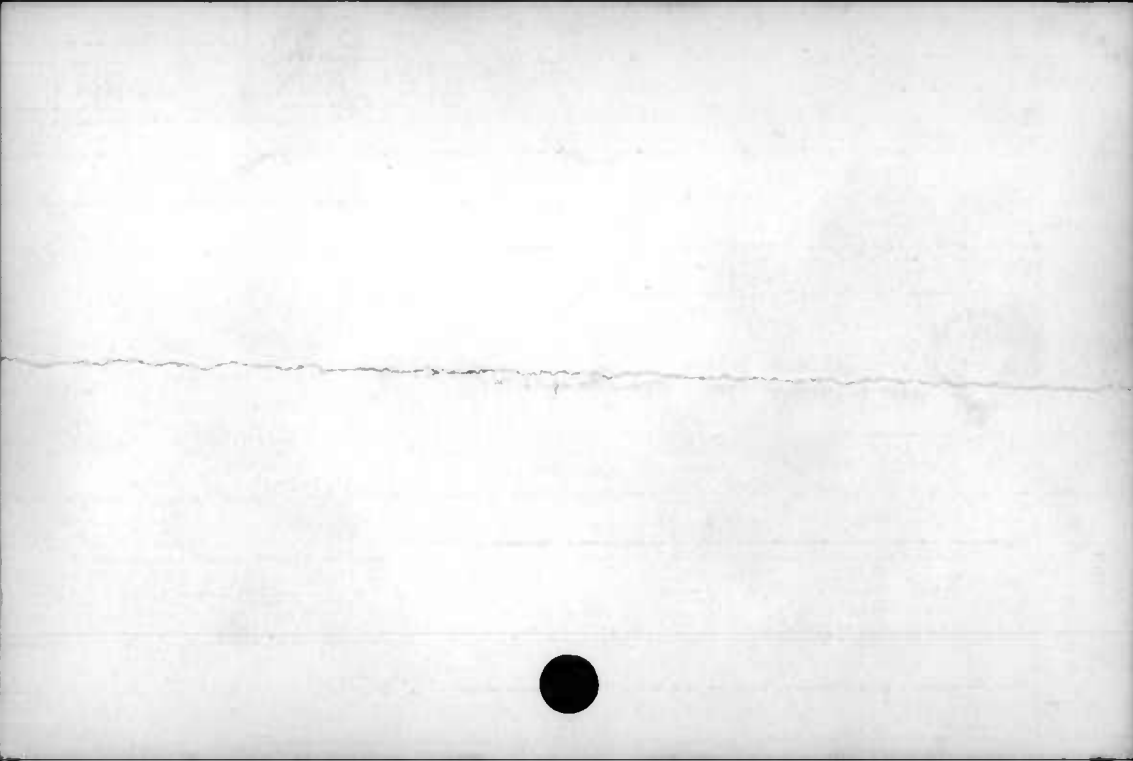
Primary *Struck by train* *106*How long *Instantly*

Immediate

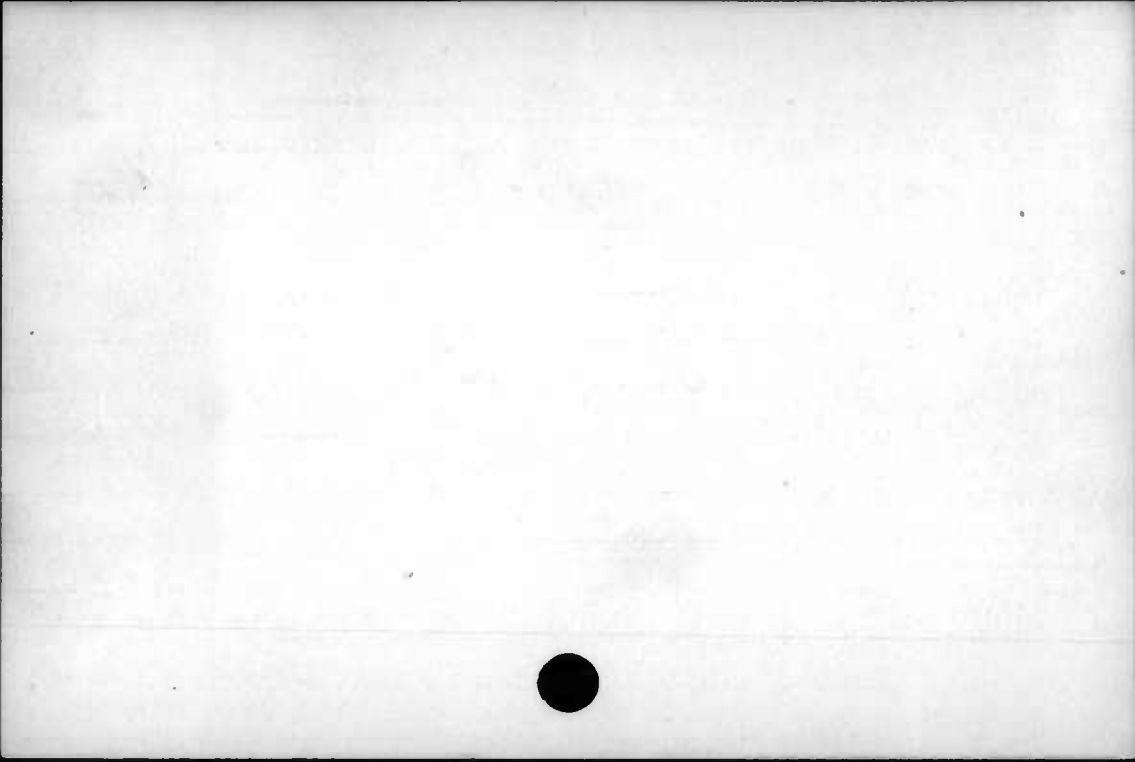
Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Joseph Nicholas*
Address *Act Garrison*Accident or Suicide? *Accident*



Name in Full		James M. Elderry Mullikin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Collington		County Prince Georges		MARYLAND	
	Date of death	Month February	Day 1st	Years 85	Months 4	Days 16	
	Sex	male		Color or Race	white		Birth-place
	Occupation	Dr of medicine			Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband Margaret D. Mullikin					
	Father's Name	Basile D. Mullikin				Father's Birthplace	Baltimore Md.
	Mother's Maiden Name	Eliza M. Elderry				Mother's Birthplace	Baltimore Md.
Name of person giving information	James M. & C. Mullikin Jr				How related to deceased	Son	
<div>CAUSES OF DEATH</div> <div>19</div>							
PHYSICIAN OR CORONER	Primary	Old age & Valvular heart disease				How long	
	Immediate	Heart failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. M. Curvall M.D.		
			Address		Springfield Md.		
	Accident or Suicide?						



Name in Full		Charles P. Nicholson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Springfield State Hospital</i>		Town <i>Springfield</i> County <i>Frederick</i>		MARYLAND	
		Date of death <i>1905 Feb.</i>		Day <i>23</i> Age <i>70(?)</i>		Months <i>0</i> Days <i>0</i>	
		Sex <i>M</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
		Occupation <i>None</i>		Where Residing if not at place of death			
		Married, Single		Name of Wife or Husband			
		Father's Name <i>?</i>		Father's Birthplace			
Mother's Maiden Name <i>?</i>		Mother's Birthplace					
Name of person giving information <i>Hospital records</i>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Alcoholic Dementia</i>		How long <i>?</i>			
		Immediate <i>Chr. Pericarditis</i>		How long <i>?</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. J. Barry</i>			
				Address <i>Synewille Md.</i>			
Accident or Suicide?							



Name
in
Full

Still born child Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month Feb		Day 23		Age —	
Sex Male		Color or Race Colored		Birth-place Maryland		Months —	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Moses Parker		Father's Birthplace		Maryland	
Mother's Maiden Name		Priscilla Hawkins		Mother's Birthplace		Maryland	
Name of person giving information		Moses Parker		How related to deceased		Father	

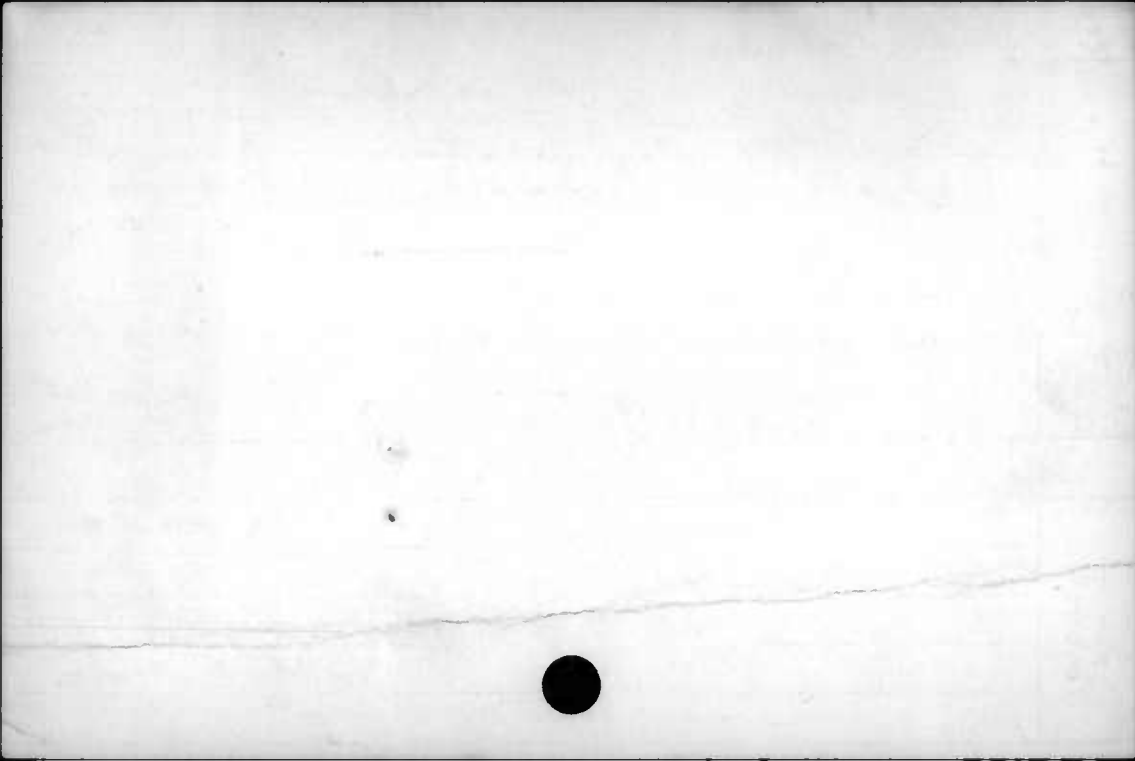
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Asphyxiation		How long		Immediate	
Immediate		"		How long		"	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. A. R. Walker	
				Address		Halls, Md.	
Accident or Suicide?		—					



Name in Full Thos. E. Pinstney		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Phelton ^{Town} P. S. ^{County}	MARYLAND	
	Date of death 1905 ^{Month} Feb ^{Day} 23 ^{Years} 26	Months	Days
	Sex Male	Color or Race Colored	Birth-place P. S. G.
	Occupation Laborer	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Carrie	
	Father's Name	Father's Birthplace	
	Mother's Maiden Name Mary E. Pinstney	Mother's Birthplace	
Name of person giving Information Lee Washington	1903	How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	How long 3 weeks	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. H. Libbons	
		Address Crown md	
	Accident or Suicide?		



Name
in
Full

Bertha Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

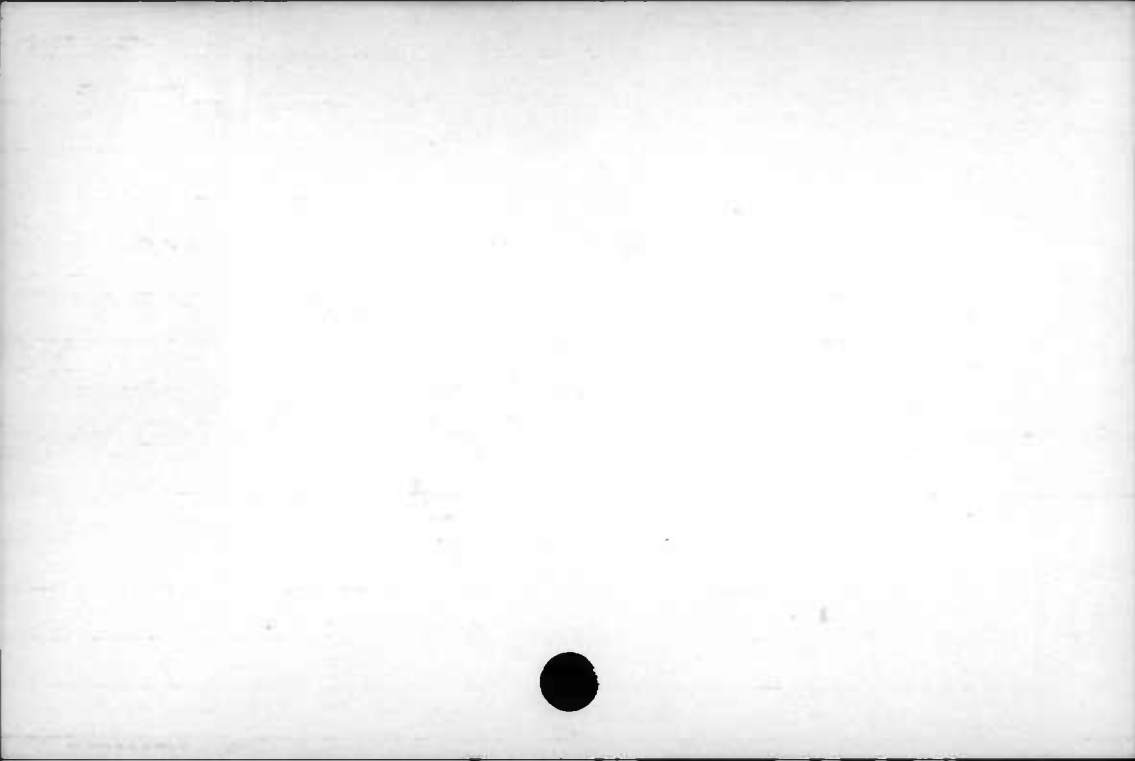
MARYLAND

Died at ^{Town} Mitchellville		^{County} Prince George			
Date of death	1905	Month	Feb	Day	4
Age		Years		Months	2
Sex		Female		Color or Race	Colored
Occupation				Birth-place	Maryland
Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Frank Powell		Father's Birthplace	
Mother's Maiden Name		Sarah White		Mother's Birthplace	
Name of person giving information		Frank Powell		How related to deceased	
				Father	

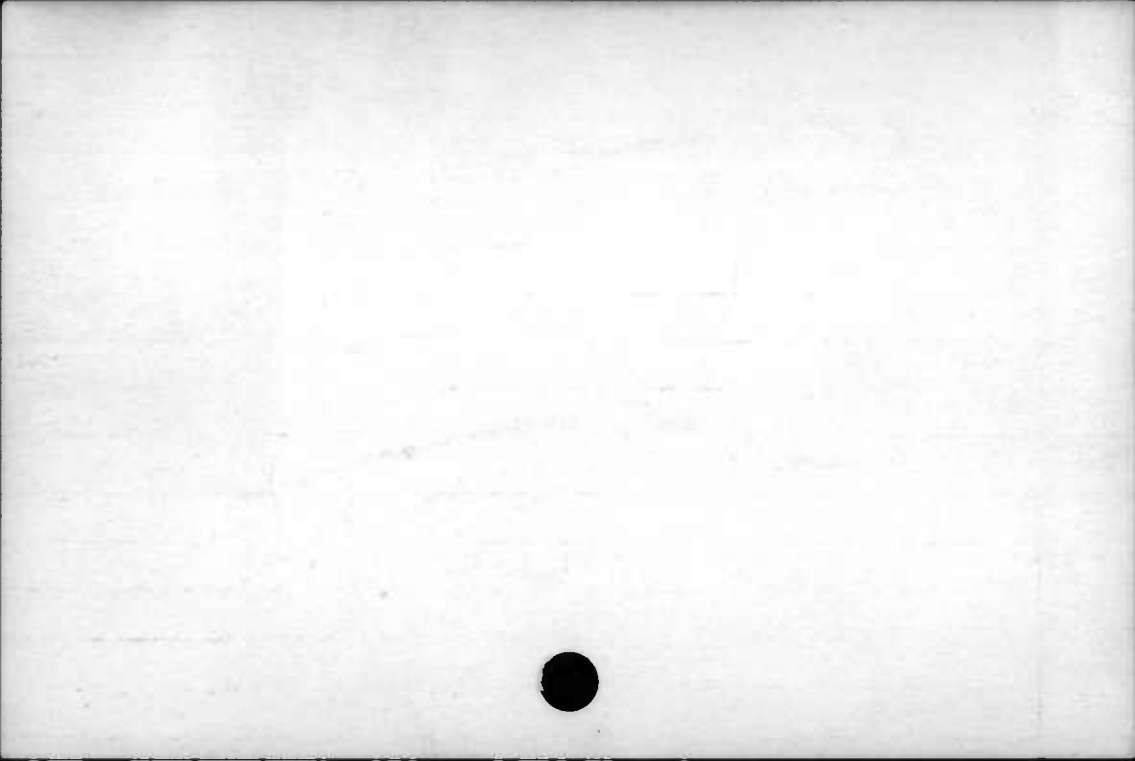
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	45 das.
Immediate	Bronchial Pneumonia	How long	5 das.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A. R. Walker	
Address		Halls, Md.	
Accident or Suicide?			



Name in Full		MAYLAND				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cedarville</i>		Town <i>Pr. Hwa</i>		County		
		Date of death <i>1905</i>		Month <i>2</i>	Day <i>17</i>	Age <i>69</i>	Years <i>9</i>	Months <i>9</i>
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Ind</i>		Days
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Charles Proctor</i>				
PHYSICIAN OR CORONER		Father's Name <i>Jonas Butler</i>				Father's Birthplace <i>Ind</i>		
		Mother's Maiden Name <i>not known</i>				Mother's Birthplace		
		Name of person giving information <i>Eugene Proctor</i>				How related to deceased <i>Son</i>		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>				How long <i>one week</i>		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John R. Coz</i>		
		<i>Yes</i>				Address <i>J.B. Ind</i>		
		Accident or Suicide?						



Name
in
Full

Hazel Clott Randall

CERTIFICATE OF DEATH

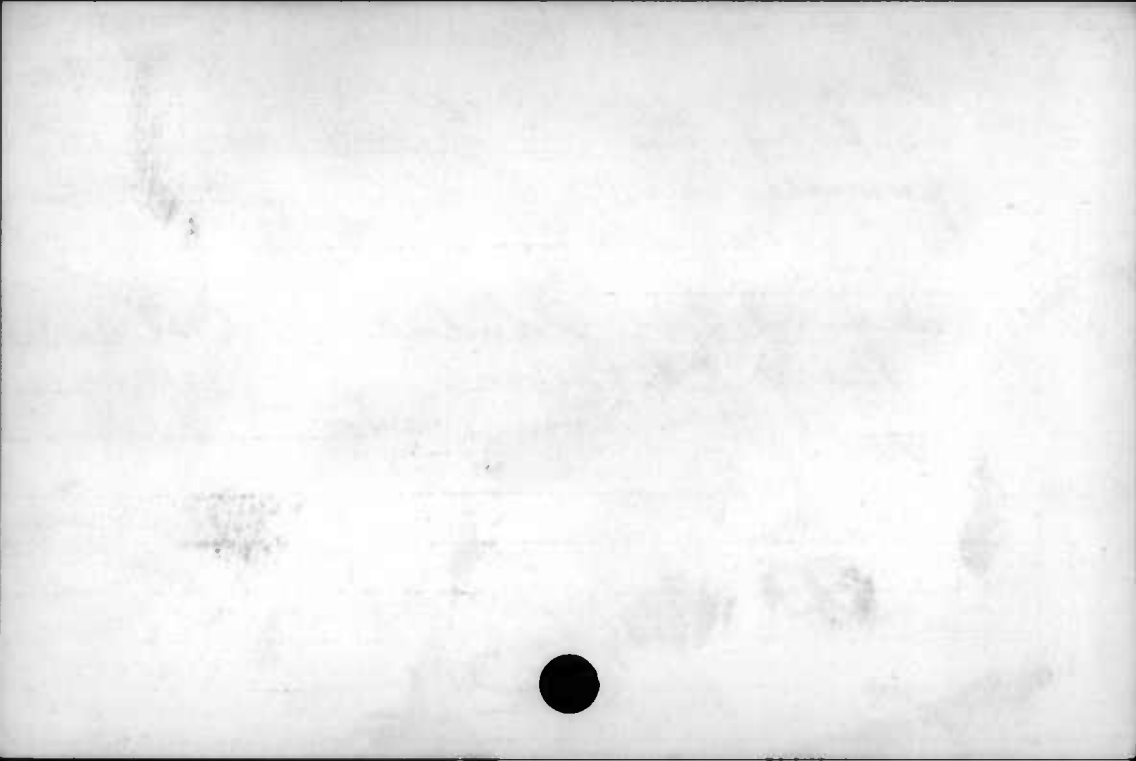
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bowie		County Prince George		MARYLAND		
Date of death	1905	Month Feb	24	Day 24	Age —	Years —	Months 11	Days 15
Sex	female		Color or Race	—		Birth- place	Bowie	
Occupation	—			Where Residing if not at place of death —				
Married, Single or Widowed	—		Name of Wife or Husband —					
Father's Name	David Lewis Randall					Father's Birthplace	A. A. Co Md	
Mother's Maiden Name	Mary E. Harris					Mother's Birthplace	Pennsylvania	
Name of person giving In formation	Hazel Lewis Randall					How related to deceased	Father	

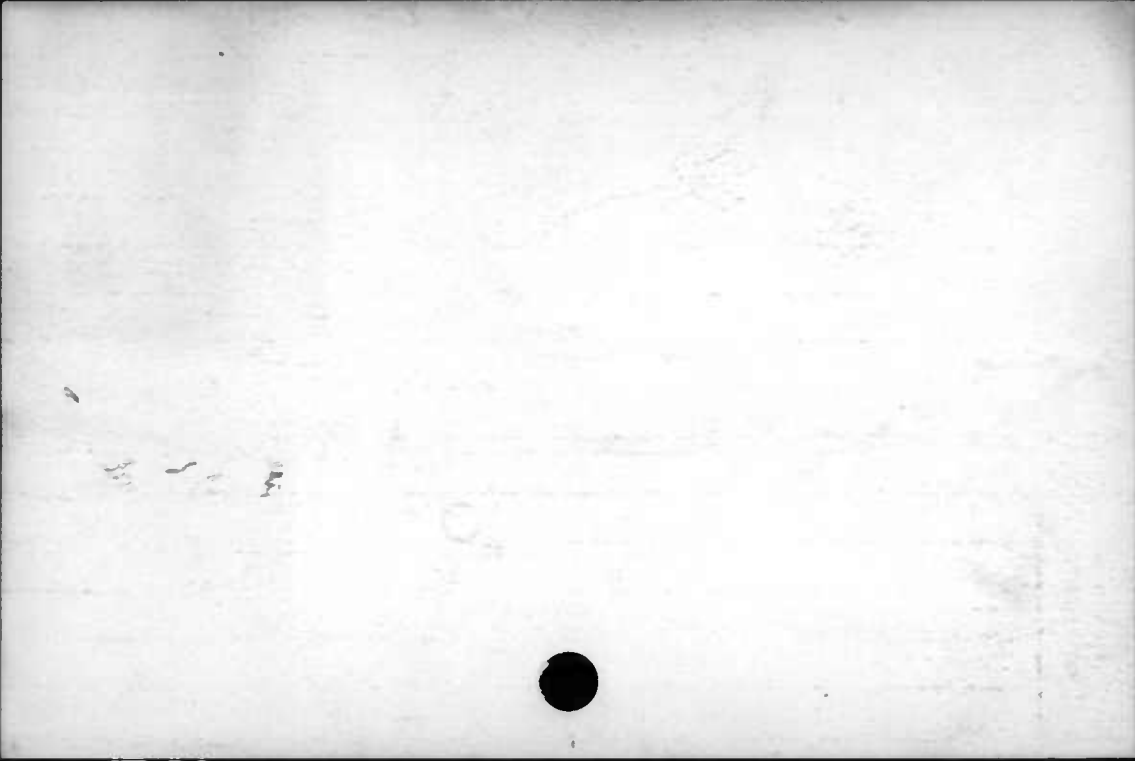
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Branches	How long	—
Immediate	Asphyxia	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	McNeal J. D.
		Address	Springfield Md.
Accident or Suicide?	—		



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Seat Pleasant P. C.</i>		County		
		Date of death <i>1905</i>		Month <i>2</i>	Day <i>22</i>	Years <i>Age about 1</i>
		Sex <i>Male</i>		Color or Race <i>Colored</i>	Birth-place <i>md.</i>	Months <i>7</i>
		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		
		Father's Name <i>Edward Randall</i>		Father's Birthplace <i>—</i>		
		Mother's Maiden Name <i>Emma Green</i>		Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Henry Green</i>		How related to deceased <i>Cousin</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Grippe</i>		How long <i>3 weeks.</i>		
		Immediate <i>Pneumonia</i>		How long <i>5 days.</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Samsbury</i>		
		Address <i>Forestville Md.</i>				
Accident or Suicide? <i>—</i>						



Name
in
Full

Samuel Ralph

CERTIFICATE OF DEATH

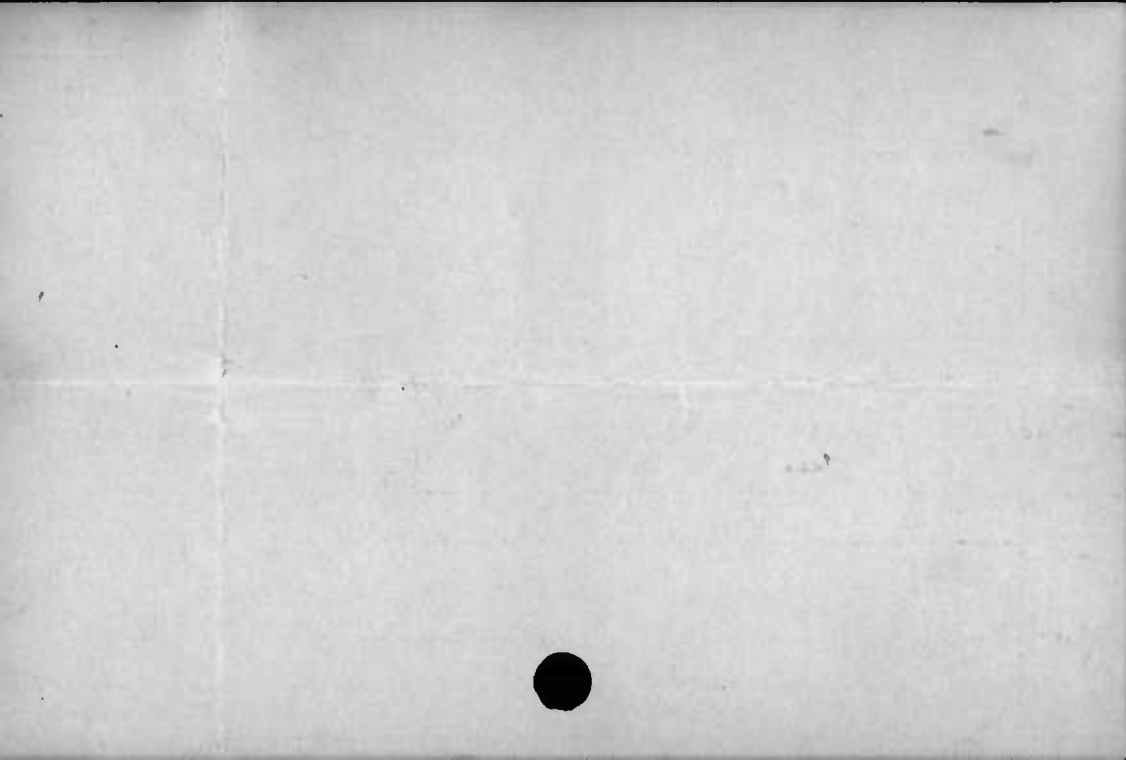
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bessemer</i>		County <i>Punee Ind Co</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>6</i>	Years <i>about 70</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at his home</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>William Ralph</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Brights</i>	How long <i>about six months</i>
Immediate	<i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. A. Fox</i>
		Address <i>Bessemer Ind</i>
Accident or Suicide?		



Name
in
Full

Inf. of A. & E. Rust

CERTIFICATE OF DEATH

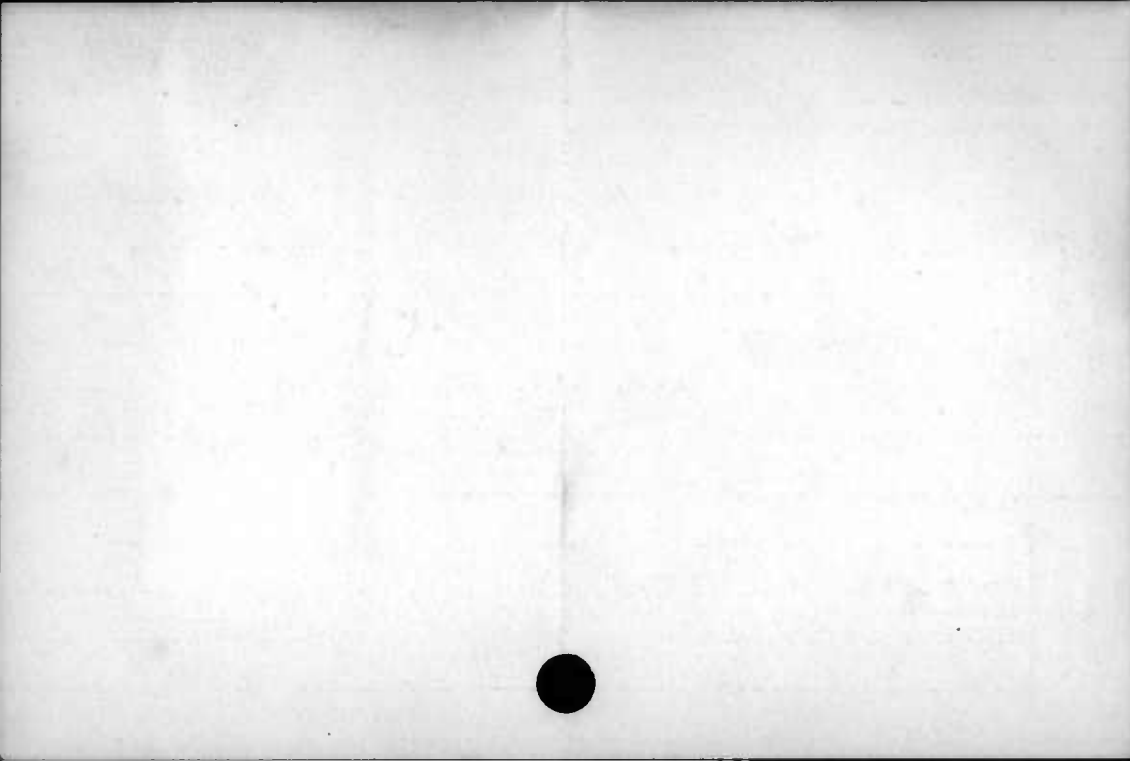
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt-Rainier</i> ^{Town}		<i>P. Co</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> ^{Month} <i>Feb</i> ^{Day} <i>24</i> ^{Years}		Age <i>24</i> ^{Months}		<i>24</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mt-Rainier</i>	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Albert Rust</i>		Father's Birthplace <i>Mich</i>			
Mother's Maiden Name <i>Ethel</i>		Mother's Birthplace <i>N.C.</i>			
Name of person giving information <i>Albert Rust</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long
Immediate <i>6 month Gestations</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Harsany</i>
<i>H. H. Harsany</i>	Address <i>20 St. R. O. Ave. D. E.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smith</i>		Town <i>Brightseat.</i>		County <i>P. George</i>		STATE <i>MARYLAND</i>	
Date of death <i>1902</i>		Month <i>2</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>			
Occupation <i>none</i>				Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Smith</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Elizabeth-Green</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Frank Smith</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>7</i>
Immediate <i>7 month child</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Catherine Banks</i>
	Address <i>md wife.</i>
Accident or Suicide? <i>—</i>	<i>Sanborn H. O. Sanborn Md.</i>

1934 11 11 10:00



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lanrel* Town*Prince Georges* CountyDate of death *1905* *Feb.* Month*5* DayAge *70* Years*7* Months*8* Days

Sex

*male*Color or
Race*white*Birth-
place*Annapolis Co.*

Occupation

*Merchant*Where Residing if not
at place of death*Lanrel*Married, Single
or Widowed*Married*Name of Wife or
Husband*Elizabeth Hamill*Father's
Name*James Stewart*Father's
Birthplace*unknown*Mother's
Maiden Name*Elizabeth Cole*Mother's
Birthplace*"*Name of person giving
In formation*Elizabeth Stewart*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

apoplexy

How long

8 hours

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*V. H. Ryerley*

Address

Seaward Md

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Roy Tippetts* *Sept Pleasant P.O.* CountyDate of death *1905* Month *2* Day *10* Age *1* Years Months *—* Days *2*Sex *Male* Color or Race *White* Birth-place *md.*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Thomas W Tippetts* Father's Birthplace *md.*Mother's Maiden Name *Annie C. Stratton* Mother's Birthplace *md.*Name of person giving information *Thomas W Tippetts* How related to deceased *Father*

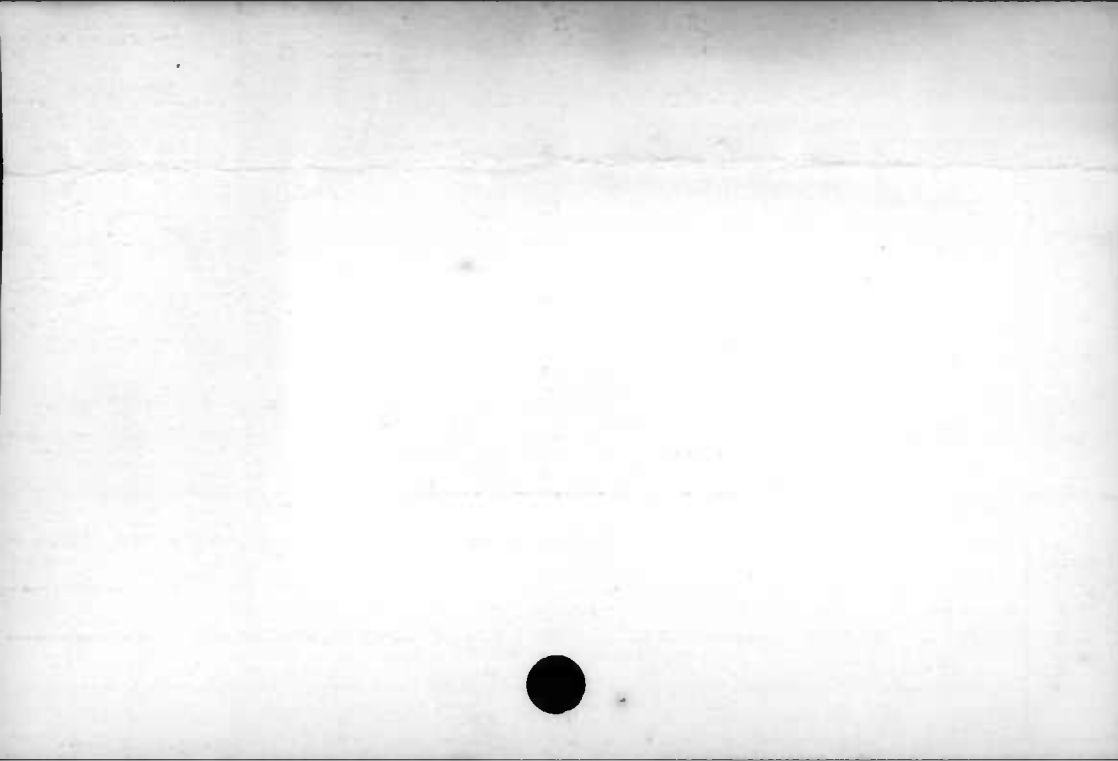
CAUSES OF DEATH

Primary *Membranous Grouph* How long *7*Immediate *Exhaustion* How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James Tolson*Died at *Metphalia* TownCounty *Pr. Geo.*Date of death *1905* Month *2*Day *1*Age *—* YearsMonths *—*Days *1*Sex *Male*Color or
Race*Colored*Birth-
place*Metphalia*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed*Single*Name of Wife or
Husband *—*Father's
Name*James Tolson*Father's
Birthplace*Ind.*Mother's
Maiden Name*Margaret Chapman*Mother's
Birthplace*Ind.*Name of person giving
In formation*James Tolson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Convulsions -

How long

8 hrs

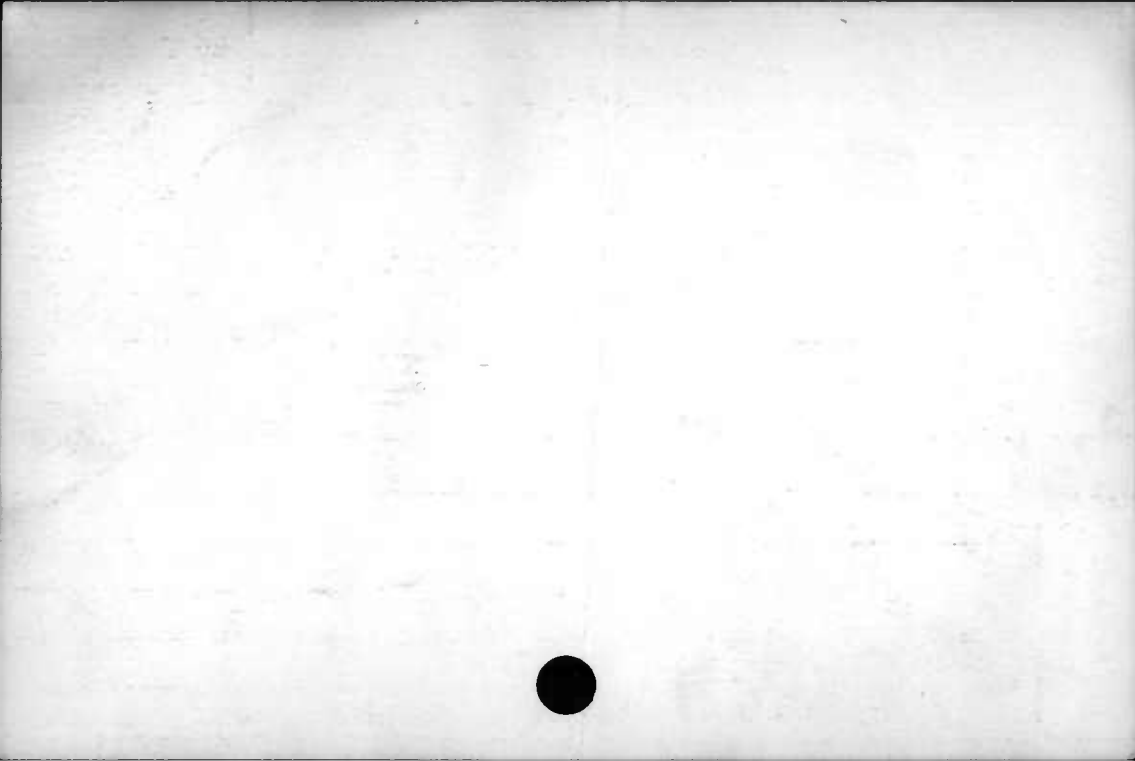
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*John E. Sansbury M.D.
Fayetteville, Md.*

Accident or Suicide?



Name
in
Full

Thomas G. Welch

CERTIFICATE OF DEATH

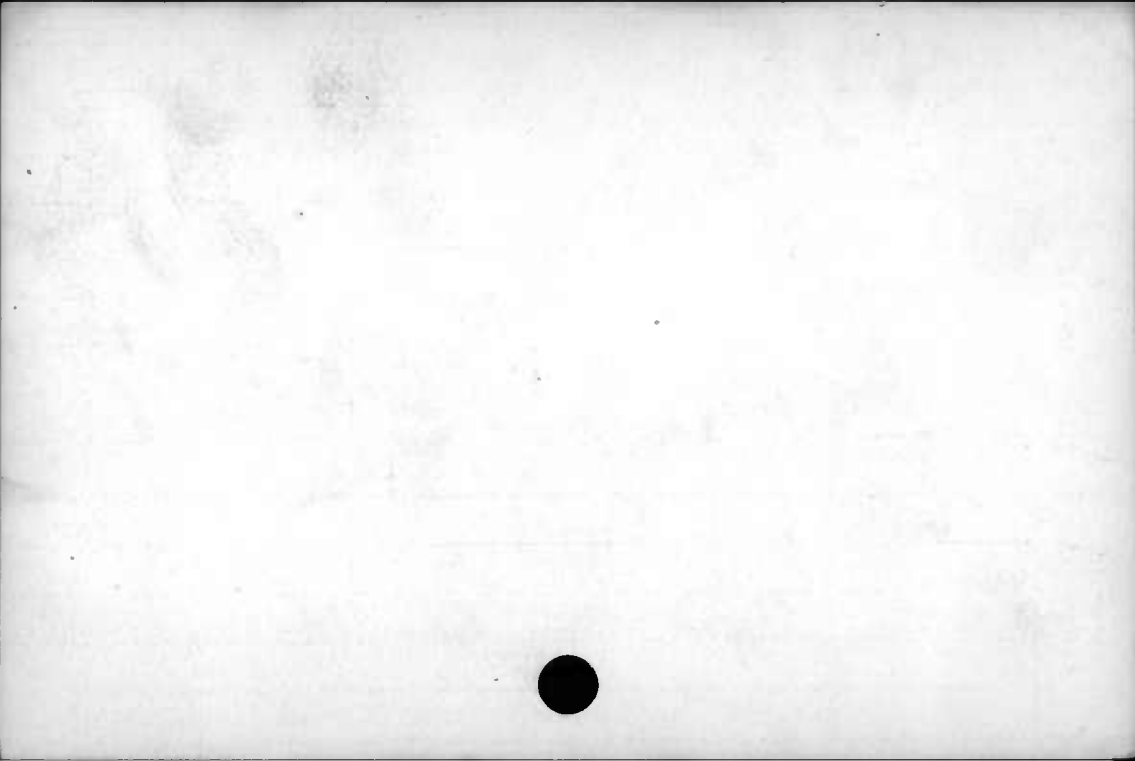
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glenndale</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>190</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>38</i>	Years <i>38</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>La Plata Charles</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Mamie Heden</i>			
Father's Name <i>T. B. Welch</i>		Father's Birthplace <i>Charles Co.</i>			
Mother's Maiden Name <i>Susan Farall</i>		Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>T. C. Welch</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck by railroad train</i>	How long
Immediate <i>Fracture of neck</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. Carroll M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Henry Millett

Town

County

Died near Accokeek Prince George

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

2

Age

5

Sex

Male

Color or
Race

White

Birth-
place

Md.

Married, Single
or Widowed

—

Occupation

—

Name of Wife or
Husband

—

Father's
Name

George C. Millett

Father's
Birthplace

Md.

Mother's
Maiden Name

Margaret A. Dixon

Mother's
Birthplace

Md.

Name of person giving
In formation

George C. Millett

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONEREpilepsy
yes.

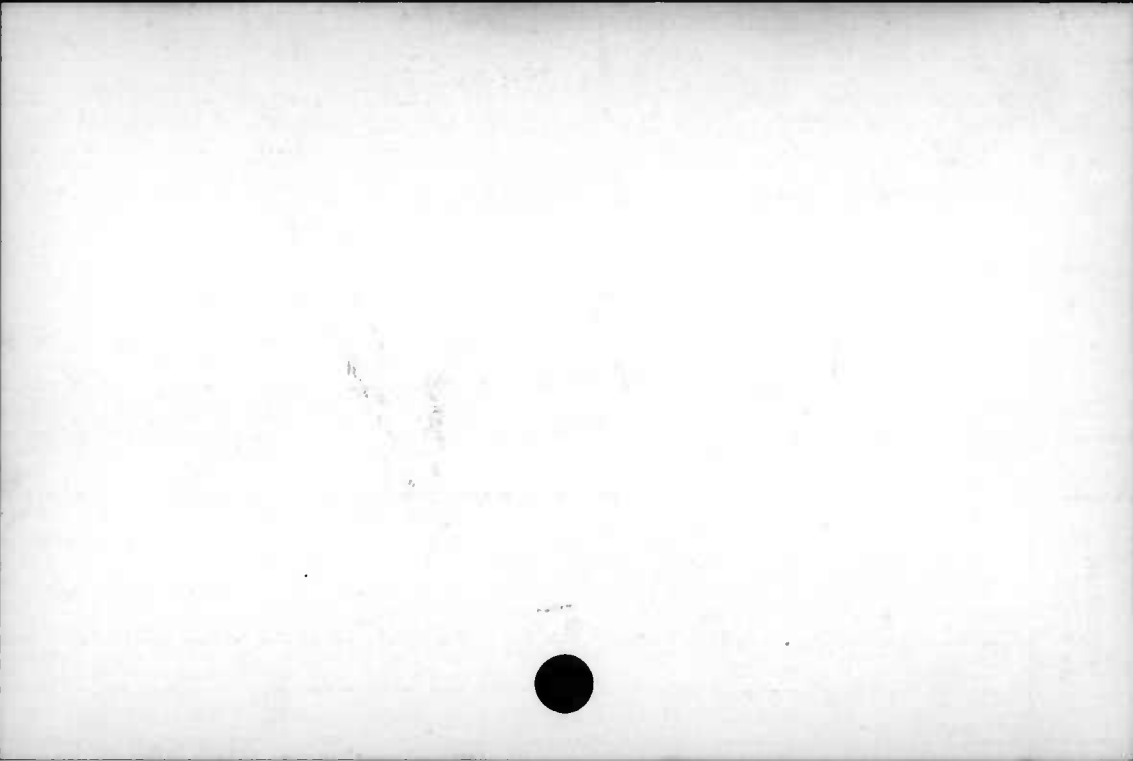
69

2 yrs.

E. D. Luntt

Piscataway

Md.



Name in Full **Francis E Williams**

CERTIFICATE OF DEATH

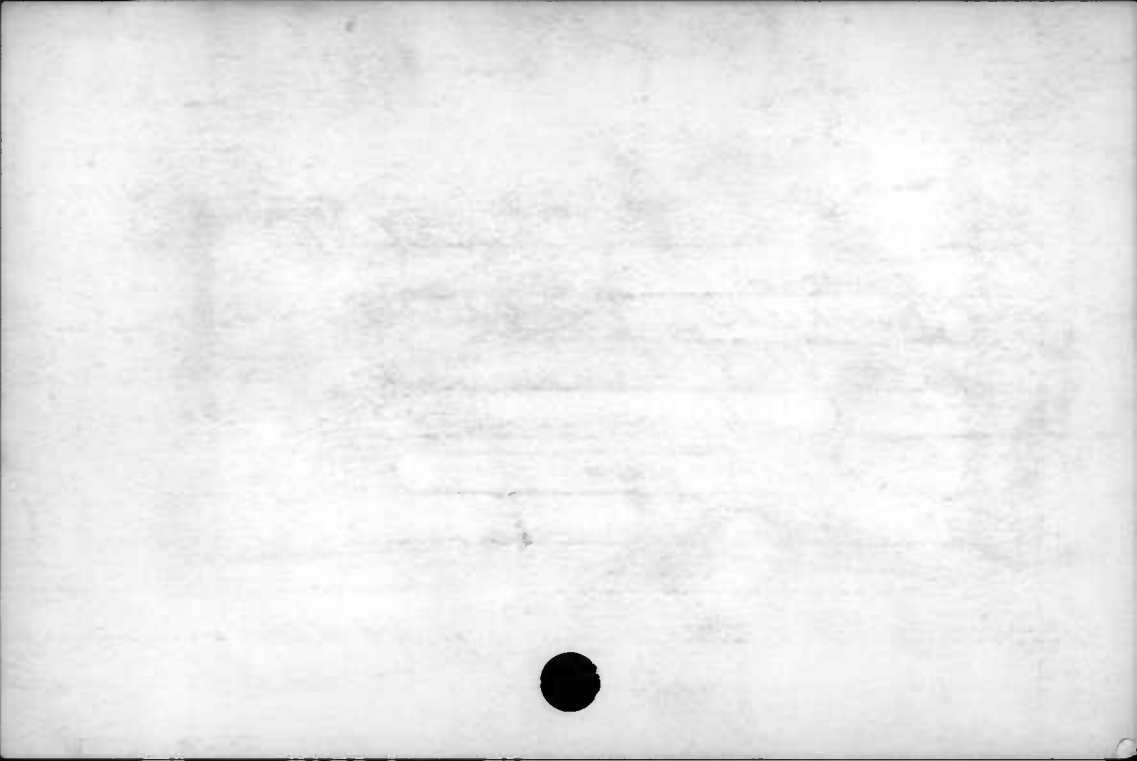
TO BE ANSWERED BY
NEAREST FRIEND

Died at Collington <small>Town</small>		Prince George <small>County</small>		MARYLAND	
Date of death 1905	July <small>Month</small>	14 <small>Day</small>	21 <small>Years</small>	21 <small>Months</small>	 <small>Days</small>
Sex Female	Color or Race Colored		Birth-place Maryland		
Occupation none			Where Residing if not at place of death 		
Married, Single or Widowed Single		Name of Wife or Husband 			
Father's Name Wm Williams		Father's Birthplace Maryland			
Mother's Maiden Name Ella Fletcher		Mother's Birthplace Maryland			
Name of person giving information Wm Williams		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Membranous Croup	How long 48 hours
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Joseph Dickerson
	Address Coroner
Accident or Suicide? no	



Name
in
Full

CERTIFICATE OF DEATH

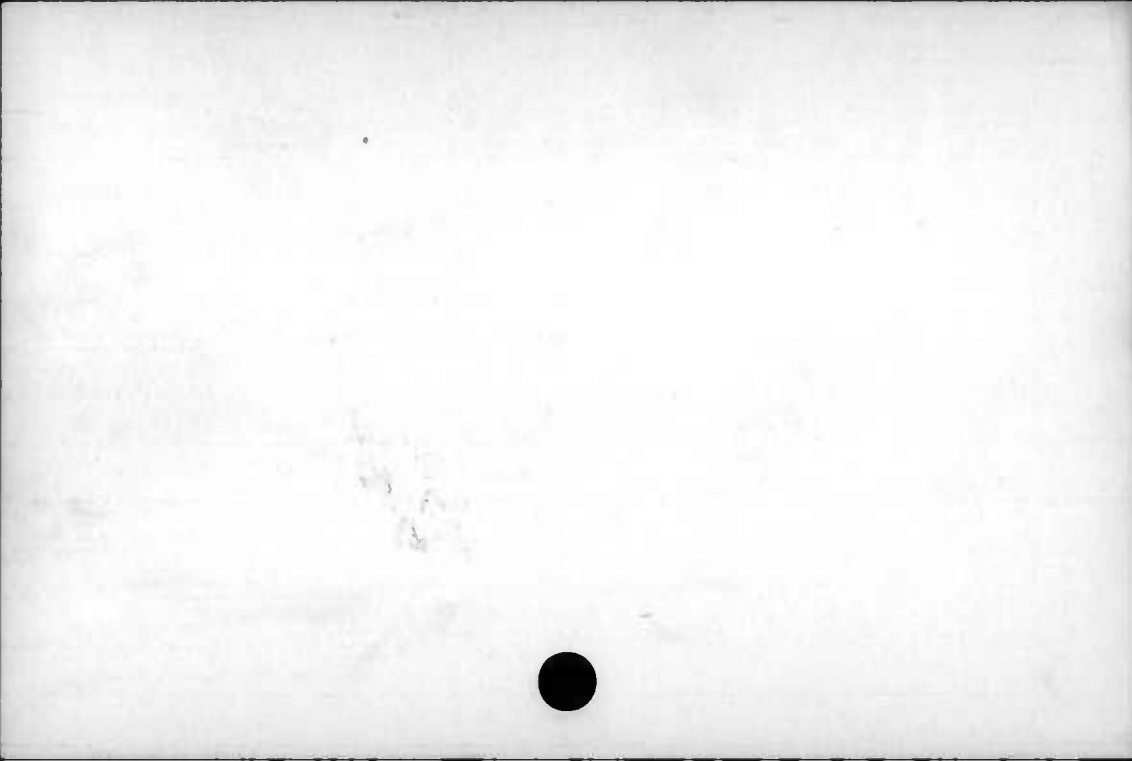
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death 1905	Month <i>Feb</i>	Day <i>11</i>	Age <i>29</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Mass.</i>		
Married, Single or Widowed			Occupation <i>Engineer</i>		
Name of Wife or Husband <i>Sarah T. Winslow</i>					
Father's Name <i>Geo. H. Winslow</i>			Father's Birthplace <i>Mass.</i>		
Mother's Maiden Name <i>Caroline</i>			Mother's Birthplace <i>Denmark</i>		
Name of person giving information <i>Ed. H. Winslow</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>103</i>	How long
Immediate <i>Pneumonia</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>	
	Address <i>Takoma Park, D.C.</i>	
Accident or Suicide?		



Name
in
Full

John Harrison Winsor

CERTIFICATE OF DEATH

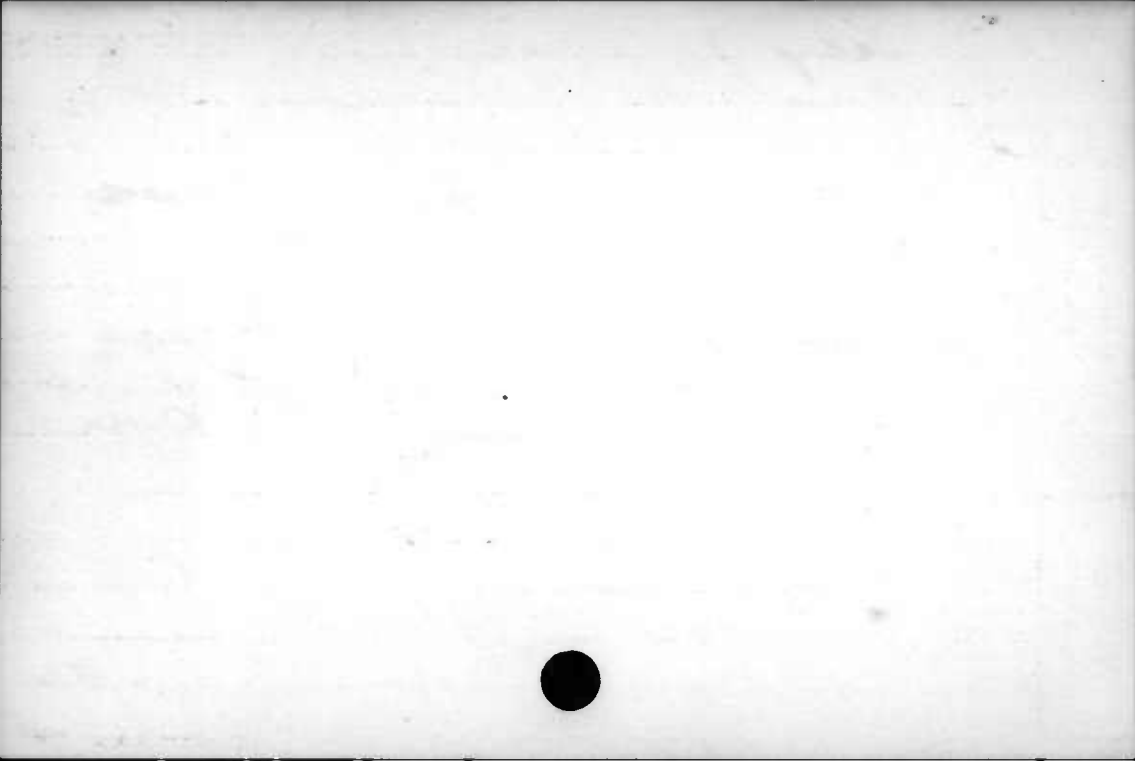
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Crown St		P. G. Co.		MARYLAND	
Date of death		1905	Feb	Day	18	Years	21
Sex		Male		Color or Race		white	
Occupation		Laborer		Where Residing if not at place of death		P. G. Co	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John T. Winsor		Father's Birthplace		P. G. Co	
Mother's Maiden Name		Mary E Winsor		Mother's Birthplace		P. G. Co	
Name of person giving information		Robert Winsor		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. H. Gibbons	
Address		Crown	
Accident or Suicide?		No	



Name
in
Full

Agnes Rebecca Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Woodmore		County Prince George		MARYLAND	
Date of death 1905		Month Feb.	Day 27	Years Age 26		Months —	Days —
Sex Female		Color or Race White		Birth- place Maryland			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband James H. Wood							
Father's Name George H. Moreland				Father's Birthplace Maryland			
Mother's Maiden Name Sallie Sears				Mother's Birthplace Maryland			
Name of person giving Information Thos. L. Wood				How related to deceased Bro. in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis		How long Unknown	
Immediate Hemorrhage from lungs		How long Immediate	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. A. R. Walker	
		Address Stalls, Md.	
Accident or Suicide? —			



Unknown

Town

County

MARYLAND

Died at *Near Upper Marlboro* *Prince Georges*Date *1905* *Feb* *19* *about* *50* Y. M. D. Native of *Not Known* Occupation *Unknown*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~ *Not Known* ~~Widow~~~~Number of children living~~Husband of *Not Known*

Father's Name Mother's Name

Cause of Death { Primary *Unknown* Immediate *Unknown*

How long sick

~~Accident~~
Accident, Suicide, HomicideReported by *J. Alfred Ridgely, J.P. Acting Coroner*Address *Upper Marlboro* *Prince Georges*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

